

**California Children's Services Program**

# **Audiology Provider Handbook**



**Children's Medical Services Branch  
California Department of Health Services  
Sacramento, California**

# AUDIOLOGY PROVIDER HANDBOOK

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CHILDREN'S MEDICAL SERVICES BRANCH  
CALIFORNIA CHILDREN'S SERVICES PROGRAM**

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**WHAT IS THE CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM?**

CCS is a program that provides case management and authorization of diagnostic and treatment services for children with certain physical limitations and diseases. The program is paid for by California taxpayers and offers medical care to children whose families cannot afford all or part of needed care. The CCS program

- Acts as a case manager/payor for children who have a medical condition that meets the CCS program medical eligibility requirements and who meet all other program requirements.
- Establishes standards for providers who deliver care in tertiary care medical centers and in local communities.
- Provides physical and occupational therapy and medical therapy conference services at selected public school sites for children with specific eligible medical conditions.

**WHO QUALIFIES FOR CCS?**

The program is available to anyone who is: (1) under 21 years of age; (2) has a medical condition that is covered by CCS; (3) is a permanent resident of California; and (4) has a family income of less than \$40,000 reported as Adjusted Gross Income on the state tax form, is enrolled in the Healthy Families (HF) Program, or whose out-of-pocket medical expenses for a child who qualifies for the CCS program is expected to be more than 20 percent of the family income. Services provided at a Medical Therapy Unit (MTU) are exempt from the financial eligibility requirements.

**HOW DOES A CHILD GET CCS SERVICES?**

The CCS program in the county where a child lives is responsible for receiving referrals and authorizing services for a child. Such referrals may be made by anyone including the family, school or public health nurse, family doctor, or physician specialist. It is important that referral requests be made to CCS as early as possible since CCS does not pay for any medical care that is provided before the date the referral request is made. A family must also apply for CCS. Once the family applies, the CCS program determines whether the child meets the medical, residential, and financial qualifications for the program.

**WHAT MUST THE APPLICANT OR FAMILY DO TO QUALIFY FOR CCS?**

To obtain CCS services for the qualifying medical condition as early as possible, families must:

- Complete an application form and return it to CCS by the date given. Approval for services are not given by CCS unless a family meets all of the program qualifications;
- Give CCS all of the information requested so that CCS can decide whether a family qualifies. If all needed information is not given, the case may not be opened;
- Apply to Medi-Cal if CCS decides that a family's income qualifies for the Medi-Cal program or if applicant may be eligible for a special Medi-Cal program.
- For specific information on refunds for children to the NHSP see pg. 6.

If a child is a Medi-Cal beneficiary or enrolled in HF at the time of referral, the services to treat the child's CCS eligible medical condition are authorized by CCS. CCS may pay for services that are not covered by the Medi-Cal or HF programs. Therefore the family benefits from enrollment in both programs. These services can begin as soon as the child is determined to have an eligible medical condition.

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**HOW DOES THE CCS PROGRAM WORK?**

- Organizational Structure:
  - State/County relationship - the operation of the state's CCS program is a partnership between the local county health departments and the State of California.
  - County
    - In a county with a population of greater than 200,000 ("Independent"), county staff perform all case management activities for eligible children residing within the county. The staff perform medical, financial and residential eligibility and determine the appropriateness of health care services.
    - For the smaller ("Dependent") counties, state and county staff work cooperatively. The state regional office assumes responsibility for determining medical eligibility and appropriate health care services. The Dependent county contacts the family and determines residential and financial eligibility.
- Relationship with the Medi-Cal program
  - The CCS program is responsible for the case management of Medi-Cal beneficiaries, as per California Code of Regulations, Title 22, Section 51013: "A beneficiary under age 21 who has a medical or surgical condition which would qualify for services under California Children's Services, shall be referred to that program for case management and prior authorization by the appropriate local or state administrative agency for California Children's Services...."
  - Requests for medical services for a Medi-Cal beneficiary with a CCS medically eligible condition living in an Independent county are to be submitted to the CCS program in the Independent county where the beneficiary resides. (See Appendix 2)
  - For Medi-Cal beneficiaries that reside in Dependent counties, the request for health care services is submitted to the appropriate CCS regional office. (See Appendix 2)
  - For a child enrolled in a Medi-Cal managed care health plan, services authorized by the CCS program to treat the child's CCS eligible medical condition are excluded from the plan's responsibilities. The health plan is responsible for providing primary care and prevention services unrelated to the child's CCS-eligible medical condition. The health plan also remains responsible for the care of children referred to, but found to be ineligible for, the CCS program.
- Relationship with the Healthy Families Program
  - The Healthy Families (HF) Program provides a comprehensive health insurance plan for children from birth to 19 years of age whose family incomes are at or below 250 percent of the federal poverty level and who do not have other health insurance coverage.

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- Under the HF enabling legislation, the services authorized by the CCS program to treat a plan subscriber's CCS-eligible medical condition are excluded from HF plan's responsibilities. The health plan is responsible for providing primary care and prevention services unrelated to the CCS-eligible medical condition to the plan subscriber as long as the services are within the HF program scope of benefits. The health plan also remains responsible for the care of children referred to, but found to be ineligible for, the CCS program.
- State law permits children enrolled in the HF program who have a CCS-eligible medical condition and whose annual family income is greater than \$40,000 to receive CCS program benefits. This expansion of CCS program financial eligibility allows CCS to serve all HF children who have a CCS-eligible medical condition regardless of family income.
- Providers of Health Care
  - Health care providers - The CCS program implements its statutory mandate of assuring that eligible children receive appropriate high quality care by limiting authorization of such care to physicians, dentists, audiologists, speech pathologists and other health care providers with documented training and experience in pediatrics or one of its subspecialties, or experience in providing services to children with CCS-eligible conditions.
  - Hospitals - The state CCS program maintains a list of hospitals that have been reviewed and determined to have met CCS program standards.
  - Special Care Centers (SCC) - SCCs are usually located at tertiary medical centers throughout the state and approval by CCS indicates that CCS standards have been met. Inpatient and Outpatient SCCs are available to ensure that children with CCS-eligible complex handicapping conditions receive coordinated, timely, and comprehensive medical care. The SCCs utilize teams composed of multidisciplinary, multispecialty professional medical and allied health personnel who evaluate, plan and provide the treatment of a child with a CCS medically eligible condition(s). Examples of SCCs include:
    - Inpatient: Neonatal Intensive Care Units (NICUs), Pediatric Intensive Care Units (PICUs), Rehabilitation centers.
    - Outpatient: Cardiac, Renal Disease, (including dialysis and renal transplantation), Hematology/Oncology, Myelomeningocele, Craniofacial Anomalies, Metabolic and Inborn Errors of Metabolism, Endocrine Disorders, Communication Disorders.

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**HOW DOES CCS RESPOND TO REFERRALS AND REQUESTS FOR SERVICES?**

- **Initial referral or request to the CCS program**
  - A referral or request for service is forwarded to either the CCS program in an Independent County or a Regional Office for a child residing in a Dependent County. (see Appendix 2)
  - The initial request for medical services for an individual who is not known to the CCS program and who has, or is suspected of having, a CCS medically eligible condition, may come from any source. The request can be either of the following
    - **Request for Service(s)**, if the request for service(s) is from a health care provider requesting authorization for specifically identified health care service(s). Note: A service may be requested to be performed by a provider other than the one making the request.
      - Requests for audiology services need to be accompanied by the results of tests indicating the suspicion of the presence of a CCS-eligible condition, a diagnostic hearing evaluation and a delineation of the specific medically necessary services, e.g., amplification, aural rehabilitation.
    - **Referral**, if the request for CCS program services has been initiated by a parent/legal guardian, school nurse, Regional Center staff member, Public Health Nurse, or any agency representative who is not requesting specific authorization for a service from the CCS program.
- **Eligibility Determination Process**
  - An application form must be completed by the applicant, parent or legal guardian, indicating an interest in participating in the CCS program and receiving all CCS program benefits (this would include non-Medi-Cal benefits for Medi-Cal eligible clients);
  - Upon receipt of a completed application the CCS program determines program eligibility.
    - There must be documentation of a CCS eligible medical condition.
    - Parents must provide documentation of income and residency in the county.
  - A program application is requested from Medi-Cal beneficiaries, full scope, no share of cost. If the application is not signed, authorization of medically necessary services that are Medi-Cal benefits, which will be delivered by a CCS provider, will be issued upon confirmation of a CCS eligible medical condition.
  - A program application is also requested for children enrolled in a HF plan. If the application is not signed, authorization of medically necessary services

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that will be delivered by a CCS provider, will be issued upon confirmation of a CCS eligible medical condition.

- **Authorization of services**

- Once eligibility is established, the request for medical services is reviewed by the CCS program for determination of medical necessity and appropriateness of the provider.
- **All services are to be requested before the service is delivered**, with the exception of services provided on a medical emergency basis. For the latter the CCS program must be notified of the services by the close of business the next working day for the effective date of coverage to be the day the service was rendered.
- If request(s) for medical services are found to be medically necessary for the treatment of the CCS-eligible condition and/or for the treatment of an associated or complicating condition, the CCS program issues an authorization for the service to a CCS provider.
- Authorizations for the requested service are issued by either the Independent County or the state Regional Office serving the county in which the CCS client resides.
- Eligibility for the CCS program is determined on an annual basis. Therefore service authorizations generally have a maximum effective period of up to one year.

- **Requests for services on clients known to the CCS program**

- The request for service is also forwarded to either the CCS program in an Independent County or a Regional Office for a child residing in a Dependent County. (see Appendix 2)
- If request(s) for medical services are found to be medically necessary for the treatment of the CCS-eligible condition and/or for the treatment of an associated or complicating condition, the CCS program issues an authorization for the service to a CCS provider.

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## **WHEN TO REFER A CHILD TO CCS**

The CCS program is responsible for providing diagnostic services to determine the presence of a CCS-eligible condition when there is a suspicion of a CCS eligible condition. These diagnostic services are available regardless of family income, though the CCS program requires that families use third-party insurance before CCS funds are expended.

The CCS eligible condition, hearing loss, is suspected either when a newborn or infant fails the hearing screening through the California Newborn Hearing Screening Program (NHSP – refer to appendix C for a description of the program) or when one of the conditions identified in the CCS Medical Eligibility Regulations (See Appendix 1) is present. The following are guidelines for making a referral to the CCS program.

For more information on NHSP call 1(877) 388-5301 or go to [www.dhs.ca.gov/nhsp](http://www.dhs.ca.gov/nhsp)

## **WHO SHOULD BE REFERRED TO CCS**

The following are examples of infants, children and adolescents who should be referred to the CCS program.

### **A newborn or infant who fails to pass hearing screening through the NHSP**

- A newborn or infant who fails to pass NHSP hearing screening services will be referred by the screening provider to a CCS-approved Level C Communication Disorder Center (CDC) (See “CCS Program Provider Participation” Section for further information) for the diagnostic hearing evaluation.
  - If you have done the outpatient hearing screening and are working at Level C CDC, you can schedule the child as soon as possible for the diagnostic evaluation.
  - The CCS program will authorize the diagnostic evaluation regardless of the child's insurance coverage, but simultaneously you or the child's primary care provider **MUST** request authorization from the appropriate third-party payor.
  - You will receive payment for your services from the CCS program, if the insurance company denies payment for the diagnostic exam.
  - After making the appointment, you must
    - Have the family complete and sign a CCS application form (See Appendix 4).
    - Complete the CCS request for service form (See Appendix 3).
    - FAX or mail both of these forms to the appropriate CCS program for authorization. (A list of the CCS program offices is enclosed – See Appendix 2)



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- Include a copy of the results of the outpatient hearing screening.
- If you have done the screening and are not working at a Level C CDC, please refer the child to CCS as above, indicating the need for a diagnostic hearing evaluation.

**An infant, child or adolescent who needs a diagnostic hearing evaluation (other than for a referral through the NHSP)**

- Eligibility for diagnostic hearing evaluation is based on a child being under 21 years of age, with the suspicion of the presence of a hearing loss and whose family resides in the county in which application for the program is made. There is no financial eligibility requirement, however CCS requires that a child's insurance be utilized. A child enrolled in a commercial managed care plan will need to provide a denial of benefits of these services before CCS issues an authorization.
- To facilitate requesting services from the CCS program,
  - Have the family complete and sign a CCS application form (See Appendix 4)
  - Complete the CCS request for service form (See Appendix 3).
  - FAX or mail both of these forms to the appropriate CCS program for authorization. (A list of the CCS program offices is enclosed – See Appendix 2)
  - Enclose a copy of the results of testing that has been done.

**An infant, child or adolescent with an identified hearing loss**

- If after performing a diagnostic hearing evaluation you identify a child with hearing loss or if you are providing care to an infant, child or adolescent with a known hearing loss who is not known to the CCS program, you can also refer the patient to CCS for determination of ongoing eligibility for services to treat the eligible condition.
- As a reminder, eligibility for the CCS program is based on a child being under 21 years of age, having a hearing loss meeting CCS-eligibility criteria (See Appendix 1), residing in the county in which application for the program is made and having a family income of less than \$40,000, adjusted gross income. Before services can be authorized for a child with an identified hearing loss (CCS-eligible medical condition) the CCS program must determine the child's program eligibility.
- To start the process for eligibility determination for a child, you need to forward to the appropriate CCS program:

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- Results of a diagnostic evaluation, as soon as possible after the evaluation is completed.
- Request for service form, indicating the specific medically necessary services, e.g.
  - amplification
  - aural rehabilitation
- A completed application, if possible
- Upon completion of the program eligibility determination, the CCS program will:
  - Review the request for services and authorize the medically necessary audiology services.
  - Authorize an evaluation by an otolaryngologist and one by an ophthalmologist.

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**CCS PROGRAM POLICY FOR AUDIOLOGY SERVICES**

It is CCS program policy to authorize care to an age-appropriate CCS-approved Communication Disorder Center (See "CCS Program Provider Participation" Section) to provide diagnostic and ongoing audiologic services, speech and language therapy and aural rehabilitation services. The authorization that is issued to the Center will cover the following services:

- Special Care Center services, e.g., team conferences, phone calls, chart review
- Services by an audiologist
  - Initial and periodic evaluations
  - Diagnostic testing
  - Hearing aid assessment and fitting
- Services by a speech/language pathologist
  - Initial and periodic evaluations
  - Diagnostic testing

If a child is found to need amplification and the parent/guardian is in agreement, there will be separate authorizations for the hearing aid(s), ear molds, and batteries.

- The authorization for a hearing aid includes the dispensing of the aid and six visits for training, adjustment and fitting, and an initial package of batteries.
- When an ear mold is requested, the program will issue a separate authorization.
- Additional batteries can be separately authorized.
- The authorization for the aid, ear molds and batteries can either be issued directly to the Center when the audiologist at the Center is dispensing the aid or to a licensed hearing aid dispenser working in conjunction with the authorized Center's audiologist.

The program may also issue a separate authorization for the following when requested and determined medically necessary.

- Other communication devices
- Aural rehabilitation that is time limited and is for a defined quantity of services.
- Speech/language therapy that is time limited and is for a defined quantity of services.

Simultaneously the CCS program will also authorize

- An evaluation by a CCS-paneled otolaryngologist (ENT), or a pediatrician or primary care physician in the community if there is no access to an ENT.
- An evaluation by a CCS-paneled ophthalmologist.
- A "medical home" to provide ongoing care in the community for health problems that have an impact on the hearing loss, such as otitis media.

Other medically necessary evaluations may be authorized, when found to be appropriate.

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## **AUDIOLOGY SERVICES**

The CMS Branch has worked with the Medi-Cal program to develop audiology service codes that represent the services reflective of the current standard of audiologic practice. The codes are payable for all CCS-eligible children, regardless of whether they are Medi-Cal eligible beneficiaries or CCS-only clients. The codes are only available for reimbursement of services provided to individuals under the age of 21 years of age when authorized by the CCS program.

Also, the Budget Act of 2000-2001 (Chapter 52, Statutes of 2000) appropriated funds to increase Medi-Cal reimbursement rates for a number of providers and service categories. The rate increases, effective for dates of service on or after August 1, 2000, apply to services delivered by audiologists. These increases are reflected in the two appendices to this document.

The CMS Branch/CCS Program issued Numbered Letter 21-1299 (see Appendix 6) in December 1999 to delineate CCS program policy on the authorization of services for children with hearing loss. Numbered Letter 20-1299 (See Appendix 5) delineates the policy for authorization of diagnostic hearing evaluations for infants who do not pass hearing screening services through the NHSP. Both of these letters contain examples of audiologic services that might be performed as a result of a CCS authorization.

### **Audiology Service Codes**

The codes can be grouped into classifications as explained below.

- **Evaluation Codes**

These codes represent the performance of a history, otoscopic examination, interpretation of results, counseling and treatment planning with patient and family. The reimbursement of these codes does not include audiologic tests as they are separately payable.

The newly established codes (Appendix 7) are to be used in place of the following HCPCS codes:

- X4500 Diagnostic audiologic evaluation
- X4506 Pediatric evaluation 0-7, first visit
- X4508 Pediatric evaluation 0-7, first diagnostic follow-up
- X4510 Pediatric evaluation 0-7, second diagnostic follow-up

- **Special Audiologic Tests**

These **new** codes (Appendix 7) represent audiologic testing procedures that are not currently identified in the HCPCS codes for audiology services listed in Title 22, Section 51507.2. The testing procedures can be billed separately. There is no limitation on the number of clinically indicated tests that can be billed in a single visit.

- **Aural Rehabilitation Services**

These new codes, Z5940 and Z5944, as identified in Appendix 7 are defined to include the development of communication skills using speech reading/lip reading evaluation, auditory/tactile awareness or discrimination, communication performance and/or hearing therapy.

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The **new** codes as defined in Appendix 7 do not require the use of a diagnosis of "hearing loss" as part of the condition for payment of a claim.

The **existing** audiology codes, as listed in Title 22, California Code of Regulations, Section 51507.2, and which are listed in Appendix 8 remain payable.

**Non-Conventional Hearing Aids (i.e. programmable or digital)**

Effective August 1, 2000, the CCS program can authorize a range of non-conventional hearing aids. The types of amplification devices and aids that could be authorized include:  
Programmable hearing aids (reimbursement includes six reprogramming sessions)

- Digital hearing aids (reimbursement includes six reprogramming sessions)
- Remote controller for programmable and digital hearing aids
- FM System/assistive hearing devices
- Frequency transposing hearing aids
- Bone conduction hearing aids
- Vibrotactile devices

Requests for these aids (See Appendix 9) must be submitted to the appropriate CCS county program and will be forwarded to one of the CMS Branch audiology consultants for review for determination of medical necessity. If, after review, approval is granted, the county CCS program will issue the authorization to either the CCS approved CDC or to a local licensed hearing aid dispenser when working in conjunction with a CCS-paneled audiologist.

After dispensing the aid, claims will be submitted to the CCS program for processing and providers will be reimbursed at acquisition cost plus 60 percent. An invoice must be submitted with the claim that for the communication device dispensed for the individual CCS-eligible client (i.e., the invoice must show the patient's name and serial number of the device).

**Conventional Hearing Aids**

As of August 1, 2000, conventional hearing aids are reimbursed in the following manner:

Monaural aids, the lesser of	(1)	\$883.80
	(2)	The one-unit wholesale cost, plus \$256.37
	(3)	The amount billed
Binaural aids, the lesser of	(1)	\$1,480.32
	(2)	The one-unit wholesale cost, plus \$326.08
	(3)	The amount billed

**Ear Molds**

CCS will separately authorize ear molds when requested. They are authorized using the following Medi-Cal codes:

Z3600	Standard custom ear mold	\$24.73
Z3602	Silhouette or ring ear mold	\$28.20

As a reminder, the ear molds must be billed on a separate line on the claim.

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### **Cochlear Implants**

Cochlear implants are a benefit for CCS-eligible children when performed at a Medi-Cal approved "Center of Excellence". The facilities that have been approved by Medi-Cal to perform cochlear implants on individuals under 21 years of age are:

- Children's Hospital Oakland
- House Ear Institute, Los Angeles
- University of California, Davis
- Children's Hospital of San Diego

Requests for an implant may come from multiple sources, however the actual evaluation of the appropriateness for an implant MUST be done by one of the approved centers. If there is a CCS eligible child or adolescent under your care for whom you think a cochlear implant may be appropriate, you may request an evaluation from the CCS program. (See Appendix 10) The request for an evaluation will be reviewed by one of the CCS program Hearing Conservation Specialists.

### **Batteries**

Hearing aid batteries are a benefit for children who are CCS eligible. They are only available as a benefit for Medi-Cal beneficiaries under the age of 21 when authorized by the CCS program.

The program will authorize batteries for up to one year at a time. An authorization will be for a maximum of 24 batteries for each three month period.

However, additional batteries can be authorized when there is documentation that the hearing aid drain on the battery exceeds typical battery usage.

Batteries are billed using HCPCS code Z5822. Batteries will be reimbursed at wholesale invoice price plus 60 percent. A copy of the invoice showing the wholesale unit price must be attached to the claim.

### **Loss, Damage and Extended Warranties**

Purchase of loss and damage insurance for a hearing aid that has been authorized by the CCS program is a benefit of CCS except for Medi-Cal beneficiaries with no Share of Cost.

Purchase of extended warranties for a hearing aid that has been authorized by the CCS program is a benefit of CCS except for Medi-Cal beneficiaries with no Share of Cost.

If a Medi-Cal beneficiary loses or damages a hearing aid, the CCS program can authorize a replacement hearing aid(s) for those that are lost, stolen or damaged beyond repair.

The CCS program can authorize repairs or modifications of a hearing aid for all CCS-eligible children, even those with Medi-Cal, with no Share of Cost.

### **Reimbursement and Claiming for Authorized Services**

Audiology services are reimbursed at rates established by the Medi-Cal program.

Instructions on submitting claims for services authorized by the CCS program are contained in the CCS/GHPP Provider Manual and the Medi-Cal Allied Health Provider Manual.

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**CCS PROGRAM PROVIDER PARTICIPATION**

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**Audiology Paneling Process**

In 1999, the CCS program added audiologists to the groups of specialty providers who must be CCS paneled. Audiologists had been authorized to provide care to CCS-eligible children for many years, but their contribution had not been acknowledged.

This change in policy required that all audiologists providing services at a CCS certified "Communication Disorder Center" (previously known as "Hearing and Speech Facilities") to CCS-eligible children be paneled prior to authorization of services.

Participation on the CCS panel could also allow you to participate as an Outpatient Infant Hearing Screening provider of the NHSP. You might be eligible to be certified as an outpatient screening provider, regardless of the CCS program status of the facility in which you may work.

You can obtain an application to become a CCS paneled audiologist from the Children's Medical Services Branch, Provider Services Unit at (916) 322-8792.

Requirements for participation include

- Current California licensure as an audiologist
- Two years of professional clinical experience, one of which must have been with children and adolescents, under 21 years of age. (The experience may include the RPE.)

Information on how to become an Outpatient Hearing Screening Provider can be obtained by contacting one of the program's Audiology Consultants:

Southern California - Lonnie Payne, M.S (916) 323-8085 or Lpayne@dhs.ca.gov  
Bay Area - Diane Leeworthy, M.S. (916) 322-1543 or Dleewort@dhs.ca.gov  
Northern California - Diane Leeworthy, M.S. (916) 322-1543 or Dleewort@dhs.ca.gov

**Communication Disorder Centers**

The CCS program requires that children with certain eligible conditions receive their care through CCS-approved Special Care Centers (SCC). These centers are required by the CCS program to utilize a team approach in providing the most current multidisciplinary, multispecialty care for eligible children. New standards have been developed for SCCs for children with hearing loss, designated as Communication Disorder Centers (CDCs). All Hearing & Speech Facilities will be required to conform to CDC standards by December 2002.

The types of CDCs are

**Type A**, a health care provider office or facility capable of providing audiological evaluation and recommendations, hearing aid evaluation and recommendations, and hearing aid orientation for children **five years of age and older** together with their parents. A CCS paneled audiologist shall be physically present in the CDC a minimum of 20 hours per week.

**Type B**, an identified team located within a health care provider office or facility capable of providing audiological evaluation, hearing aid evaluation and recommendations, hearing aid orientation, speech-language evaluation and speech-language remediation, comprehensive assessment and aural rehabilitative management of children **three years of age and older** together with their parents. The team is responsible for the

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coordination of all aspects of comprehensive evaluation and treatment related to speech-language and hearing concerns. The team consisting of a CCS paneled audiologist, a CCS paneled speech-language pathologist and a credentialed teacher of the deaf meets on a regularly scheduled basis to evaluate clients, coordinate services, and provide speech-language and/or hearing interventions as needed.

**Type C**, an identified team in a health care provider office or facility capable of providing audiological evaluation, hearing aid evaluation and recommendations, hearing aid orientation, speech-language evaluation and speech-language remediation, comprehensive assessment and aural rehabilitative management of children of **all ages** together with their parents. The team is responsible for the coordination of all aspects of comprehensive evaluation and treatment related to speech-language and hearing concern. The team consists of a CCS paneled audiologist, a CCS paneled speech-language pathologist, and a credentialed teacher of the deaf. It meets on a regularly scheduled basis to evaluate clients, coordinate services, and provide speech-language and/or hearing interventions as needed.

Copies of the standards and an application can be obtained from the Children's Medical Services Branch, Provider Services Unit at Provider Services Unit at (916) 322-8792 or at <http://www.dhs.ca.gov/pcfh/cms/>.



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## **EARLY START PROGRAM**

### **What is the Early Start Program?**

The Early Start Program is California's implementation of the Federal requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The program is administered by, the Department of Developmental Services (DDS) and the California Department of Education (CDE).

The Early Start Program provides early intervention services and needed supports to infants and toddlers with developmental needs who may be eligible for, and may benefit from, available services. These services are made available locally to eligible children and their families through regional centers, local education agencies and family resource centers.

Infants and toddlers, from **birth through 36 months of age** may be eligible for services through the program if they are found to:

- Have a developmental delay in either cognitive, communication, social or emotional, adaptive or physical education and motor development including vision and hearing; or
- Have established risk conditions, with conditions of known etiology, or conditions with established harmful developmental consequences; or
- Be at high risk of having a substantial developmental disability due to a combination of risk factors.

An individual child's need for services is determined through a process that develops an Individualized Family Service Plan (IFSP). The parent/guardian plays an important role in the process that determines the types and level of services for the infant or toddler. Services can range from health care, family training, counseling and home visits, special instruction and speech and language services to service coordination.

**Local Education Agencies** provide services for infants with vision, hearing and severe orthopedic impairments.

**Regional Centers provide**, arrange or purchase early intervention services for all other children found eligible for Early Start.

Family resource centers provide parent-to-parent support and information.

### **CCS and Early Start**

The payment of and the provision of the early intervention services in an IFSP are the responsibility of either the local education agency or the regional center, but only when there are no other third- party payer sources. These agencies must consider Medi-Cal and CCS as payers of such services for eligible infants and toddlers before they utilizing federal early intervention funds for the services.

Many of the medically necessary services that are authorized or directly provided by CCS are the early intervention services identified in an infant or toddler's IFSP. Therefore it is the responsibility of the county CCS program to coordinate with the Early Start Program to ensure the delivery of services for a CCS-eligible child with hearing loss. In general, The Early Start

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Program is responsible for arranging for the provision of services identified in the IFSP that are not medical in nature. Examples of such services are educational interventions and support to the family.

**What is your responsibility?**

Providers who identify an infant or toddler, through 36 months of age, who in their opinion may meet one of the definitions above is required to refer the child for determination of eligibility for early intervention services.

Children with a hearing loss are eligible for services through either the Local Education Agency or the Regional Center System.

**How do you refer a child to Early Start?**

The information in Appendix 12 identifies where in your local community the referral should be directed or you can call 1-800-515-BABY for specific information.

## CCS County Offices Listing

<b>Telephone – Address Directory</b>
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### California Children's Services State and County Offices

#### State Office Locations

#### **Program Case Management Section (PCMS)**

##### **Sacramento Regional Office (SRO)**

Joan Dorfman, M. D., M.P.H.

Section Chief

1515 K Street, Suite 400

Sacramento 95814

(916) 327-3100

FAX: (916) 327-0998

#### **Program Operations Section (POS)**

##### **Northern California Region**

San Francisco Office (NCR/SFO)

Annette Irving, R.N., M.P.A.,

Program Manager

185 Berry Street, Lobby 6, Suite 225

San Francisco, CA 94107

(415) 904-9699

FAX: (415) 904-9698

Sacramento Office (NCR/SO)

Arlene Warren, R.N., MSN

Program Manager

1515 K Street, Suite 400

P.O. Box 942732

Sacramento, CA 94234-7320

(916) 322-8708

FAX: (916) 327-1106

##### **Southern California Region**

Susan Igdaloff, M. D., Medical Consultant

Linda Torn, Program Manager

Southern California Regional Office (SCRO)

311 South Spring Street, Suite 01-11

Los Angeles, CA 90013

(213) 897-3574

FAX: (213) 897-2882

### Genetically Handicapped Persons Program Office

Children's Medical Services Branch

1515 K Street, Room 400

Sacramento, California 95814

(916) 327-0470

FAX: (916) 327-1112

Toll Free 1-800-639-0597

## CCS County Offices Listing

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The following section lists in alphabetical order the California Children's Services (CCS) county offices' mailing addresses and phone numbers. It also identifies the county offices as dependent or independent, and the regional office responsible for the county. This list is important in determining whether the CCS local office or CCS regional office must be contacted when requesting prior authorization or submitting claims.

The following guideline can be helpful in selecting the correct office:

- For questions on eligibility, prior authorization and submitting claims in *independent counties*, please contact the CCS independent county office.
- For questions on eligibility in *dependent counties*, please contact the CCS dependent county office or the appropriate CCS regional office.
- For questions on prior authorization or submitting claims in dependent counties, contact the appropriate CCS regional office.

**Exception:** Claims for patients residing in the dependent county CCS programs served by the Program Case Management Section (AKA Sacramento Regional office) are to be sent directly to Electronic Data Systems (EDS) with the appropriate authorization form or identification card attached when:

1. Directed to do so based on instructions in the CCS/CHPP Provider Manual, and/or
2. The directions on the authorization form instruct you to do so.

## CCS County Offices Listing

<u>County*</u>	<u>Office Address</u>	<u>Phone Number</u>	<u>Dependent/ Independent</u>	<u>Regional Office</u>
<b>Alameda</b>	Marge Deichman Administrator 1000 Broadway, Suite 500 Oakland 94607	(510) 208-5970	Independent	Northern California Region/ San Francisco
<b>Alpine</b>	Carol Mallory, P.H.N. Administrator ** P.O. Box 548  75-B Diamond Valley Road Markleeville 96120-0545	(530) 694-2146	Dependent	Program Case Management Section (PCMS)/ Sacramento
<b>Amador</b>	Angel LeSage, P.H.N. Administrator 1003 Broadway, Ste. 203 Jackson 95642	(209) 223-6407	Dependent	PCMS/Sacramento
<b>Butte</b>	Barbara Demers, P.H.N. Administrator 1370 Ridgewood Drive Suite 22 Chico 95973	(530) 895-6546	Independent	Northern California Region/ Sacramento
<b>Calaveras</b>	Linda Parker, P.H.N., MSN Administrator 891 Mt. Ranch Road Government Center San Andreas 95249	(209) 754-6460	Dependent	PCMS/Sacramento

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<b>Colusa</b>	Bonnie Marshall Administrator/Director ** P.O. Box 610  251 E. Webster Street Colusa 95932	(530) 458-0380	Dependent	PCMS/Sacramento
<b>Contra Costa</b>	Robin Thomas, P.H.N., M.P.A. Administrator 597 Center Avenue Suite 110 Martinez 94553-4629	(925) 313-6100	Independent	Northern California Region/ San Francisco
<b>Del Norte</b>	Adele Sandry, Administrator 880 Northcrest Drive Crescent City 95531	(707) 464-3191	Dependent	Northern California Region/ San Francisco
<b>El Dorado</b>	Placerville Office: Dee Vogel, P.H.N. CCS Coordinator 929 Spring Street Placerville 95667	(530) 621-6128	Dependent	PCMS/Sacramento
	South Lake Tahoe Office: Valerie Rudd, P.H.N., MN Public Health Service Manager 1360 Johnson Boulevard Suite 103 South Lake Tahoe 96150-8220	(530) 573-3160		

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<b>Fresno</b>	Carol Madriano, P.H.N. Administrator ** P.O. Box 11867 Fresno 93775  1221 Fulton Mall Fresno 93721	(559) 445-3300	Independent	Southern California
<b>Glenn</b>	Suzanne Toasperm-Holm, P.H.N. CMS Coordinator 240 N. Villa Avenue Willows 95988	(530) 934-6588	Dependent	PCMS/Sacramento
<b>Humboldt</b>	Roberta James Administrator 317 Second Street Eureka 95501	(707) 445-6212	Independent	Northern California Region/ San Francisco
<b>Imperial</b>	Silvia Hernandez, P.H.N. Administrator/Supervisor 935 Broadway El Centro 92243	(760) 482-4432	Dependent	Southern California
<b>Inyo</b>	Tamara Cohn-Pound, P.H.N. Administrator 207-A West South Street Bishop 93514	(760) 873-7868	Dependent	Southern California

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<b>Kern</b>	1800 Mt. Vernon Avenue Bakersfield 93306	(661) 868-0531	Independent	Southern California
<b>Kings</b>	Patricia Harder, P.H.N., MSN Administrator 330 Campus Drive Hanford 93230	(559) 584-1401	Dependent	Northern California Region/ San Francisco
<b>Lake</b>	Terry Barber, P.H.N. Administrator 922 Bevins Court Lakeport, 95453-9780	(707) 263-1090	Dependent	PCMS/Sacramento
<b>Lassen</b>	Judi Rex, P.H.N. CCS Administrator 555 Hospital Lane Susanville 96130	(530) 251-8183	Dependent	PCMS/Sacramento
<b>Los Angeles</b>	Robert Frangenberg CMS/CCS Director 9320 Telstar Avenue Suite 226 El Monte, CA 91731	(626) 569-6002 (800) 288-4584	Independent	Southern California
<b>Madera</b>	Carol Barney, B.S.N., P.H.N. Administrator 14215 Road 28 Madera 93638	(559) 675-7893	Dependent	PCMS/Sacramento

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<b>Marin</b>	Lael Lambert Administrator 555 Northgate Drive Suite B San Rafael 94903	(415) 499-6877	Independent	Northern California Region/ San Francisco
<b>Mariposa</b>	Marna L. Klinkhammer, P.H.N. Administrator ** P.O. Box 5  4988 Eleventh Street Mariposa 95338	(209) 966-3689	Dependent	PCMS/Sacramento
<b>Mendocino</b>	Carol Whittingslow, P.H.N. Administrator 890 North Bush Street ** Court House Ukiah 95482	(707) 463-4461	Independent	Northern California Region/ San Francisco
<b>Merced</b>	Iantha Thompson, MSN Administrator 260 E. 15th Avenue Merced 95340-6297	(209) 381-1114	Independent	Northern California Region/ Sacramento
<b>Modoc</b>	Karen Braun, P.H.N. Administrator 441 North Main Street Alturas 96101	(530) 233-6311	Dependent	PCMS/Sacramento

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<b>Mono</b>	Laurie Gunby, P.H.N. Administrator ** P.O. Box 3329 Mammoth Lakes 93546	(760) 924-5410	Dependent	Southern California
<b>Monterey</b>	Dyan Apostolos 1441 Constitution Blvd. Building 400, Suite 200 Salinas 93906-3195	(831) 755-5500	Independent	Northern California Region/San Francisco
<b>Napa</b>	Dale Berry, P.H.N. Administrator 2261 Elm Street Napa 94559-3721	(707) 253-4391	Independent	Northern California Region/ San Francisco
<b>Nevada</b>	Alice Litton, CMS Coordinator HEW Complex 10433 Willow Valley Road Suite B Nevada City 95959-2399	(530) 265-1450	Dependent	PCMS/Sacramento
<b>Orange</b>	Linda Boyd, Administrator ** P.O. Box 6099 200 West Santa Ana Blvd. Suite 100 Santa Ana 92706	(714) 347-0300	Independent	Southern California

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<b>Placer</b>	Lynn Lothrop, P.H.N. Administrator 379 Nevada Street Auburn 95603	(530) 886-3630	Independent	Northern California Region/ Sacramento
<b>Plumas</b>	Rita Scardaci, P.H.N. Administrator Court House Annex ** P.O. Box 3140  1446 East Main Street Quincy 95971	(530) 283-6330	Dependent	PCMS/Sacramento
<b>Riverside</b>	Lourdes Buan, M.D. Medical Director ** P.O. Box 7600  10769 Hole Avenue Suite 220 Riverside 92505	(909) 358-5401	Independent	Southern California
<b>Sacramento</b>	Crystl Carlton, R.N. Administrator 9616 Micron Avenue Suite 640 Sacramento 95827	(916) 875-9900	Independent	Northern California Region/ Sacramento
<b>San Benito</b>	Pat Cincone, P.H.N. Administrator 439 Fourth Street Hollister 95023	(831) 637-5367	Dependent	Northern California Region/ San Francisco

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<b>San Bernardino</b>	Kenneth Adams Program Manager 515 North Arrowhead Avenue San Bernardino, CA 92415-0062	(909) 388-5810	Independent	Southern California
<b>San Diego</b>	Robyn Phelps, P.H.N. Administrator ** P.O. Box 85222  6255 Mission Gorge Road San Diego 92186-5222	(858) 560-3400	Independent	Southern California
<b>San Francisco</b>	Twila Brown, N.P., M.P.H. Administrator 30 Van Ness Avenue Suite 210 San Francisco 94102	(415) 575-5700	Independent	Northern California Region/ San Francisco
<b>San Joaquin</b>	Judy Wagner, P.H.N., M.P.A. Administrator 511 E. Magnolia, Third Floor Stockton 95202	(209) 468-1792	Independent	Northern California Region/ Sacramento

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<b>San Luis Obispo</b> Carol Grosse, P.H.N., MSN Administrator ** P.O. Box 1489  2156 Sierra Way San Luis Obispo 93406	(805) 781-5527	Independent	Southern California
<b>San Mateo</b> Brian Zamora, M.P.H., REHS, Director ** P.O. Box 5894  225 W. 37th Avenue San Mateo 94403	(650) 573-2755	Independent	Northern California Region/ San Francisco
<b>Santa Barbara</b> Elizabeth Kasehagen, R.N. P.H.N. Administrator 315 Camino Del Remedio Santa Barbara 93110	(805) 681-5360	Independent	Southern California
<b>Santa Clara</b> Rosita Saw, M.D. Administrator/ Medical Director 720 Empey Way San Jose 95128	(408) 793-6200	Independent	Northern California Region/ San Francisco

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## CCS County Offices Listing

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<b>Santa Cruz</b> Carol Kerfoot, L.C.S.W. Administrator ** P.O. Box 962 Santa Cruz 95061  12 West Beach Street Watsonville 95061	(805) 781-5527	Independent	Southern California
<b>Shasta</b> Dennis McFall Administrator 3499 Hiatt Drive Redding 96003	(530) 225-5760	Dependent	PCMS/Sacramento
<b>Sierra</b> Donna Metzler, R.N., P.H.N. Administrator ** P.O. Box 7  202 Front Street Loyalton 96118	(530) 993-6700	Dependent	PCMS/Sacramento
<b>Siskiyou</b> Lynn Corliss, R.N., P.H.N. Program Manager 806 S. Main Street Yreka 96097	(530) 841-4040	Dependent	PCMS/Sacramento

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<b>Solano</b>	Robin Miller, P.H.N. Administrator 1735 Enterprise Dr. Bldg.3 **P.O. Box 4090 MS 3-110 Fairfield 94533-0677	(707) 421-7497	Independent	Northern California Region San Francisco
<b>Sonoma</b>	Mallory Gerard Administrator 625 Fifth Street Santa Rosa 95404-4428	(707) 565-4500	Independent	Northern California Region/ San Francisco
<b>Stanislaus</b>	Darlene Wiseman, P.H.N. Administrator 830 Scenic Drive Modesto 95350	(209) 558-7515	Independent	Northern California Region/ Sacramento
<b>Sutter</b>	Allan Leavitt Administrator ** P.O. Box 1510  1445 Circle Drive Yuba City 95992	(530) 822-7215	Dependent	PCMS/Sacramento
<b>Tehama</b>	Valerie Lucero, P.H.N. Administrator 1860 Walnut Street Red Bluff 96080	(530) 527-6824	Dependent	PCMS/Sacramento

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<b>Trinity</b>	Carol Huang, P.H.N. Administrator ** P.O. Box 1470 1 Industrial Park Way Weaverville 96093	(530) 623-8210	Dependent	PCMS/Sacramento
<b>Tulare</b>	Karen Cvetkovich Administrator MCH Building 115 E. Tulare Avenue Tulare 93274	(559) 685-2533	Independent	Southern California
<b>Tuolumne</b>	Maureen Woods, P.H.N. Administrator 20111 Cedar Road North Sonora 95370	(209) 533-7404	Dependent	PCMS/Sacramento
<b>Ventura</b>	Dee Martin, R.N. Acting Administrator 2323 Knoll Drive Ventura 93003	(805) 677-5240	Independent	Southern California
<b>Yolo</b>	Traci Corda Administrator 20 Cottonwood Street Woodland 95695	(530) 666-8640	Dependent	PCMS/Sacramento
<b>Yuba</b>	Angela Parrish Cook, Sr. P.H.N. Administrator 6000 Lindhurst Avenue Suite 601-B Marysville 95901	(530) 741-6340	Dependent	PCMS/Sacramento

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## **INFANT AUDIOLOGY ASSESSMENT GUIDELINES**

### **I. Background**

The Department of Health Services, Children's Medical Services Branch, is implementing the California Newborn Hearing Screening Program (NHSP) in California Children's Services (CCS)-approved hospitals and neonatal intensive care units (NICU). The families of infants born in CCS-approved hospitals will be offered a hearing screening prior to hospital discharge. Infants receiving care in CCS-approved NICU's will have their hearing screened. Infants who either fail to pass an inpatient and/or an outpatient hearing screening or NICU babies who fail to pass the inpatient hearing screening may be referred to you for an infant audiology assessment.

The goal of the NHSP is to have infants with hearing loss identified by three months of age and into early intervention services by six months of age. To aid in this process, the CCS Program has developed a set of guidelines for an Infant Audiology Assessment with input from the CCS Audiology Technical Advisory Committee. The document reflects a consensus recommendation as to the current standards of practice for performing a pediatric diagnostic test battery on children from birth to twelve months of age.

The goals of the guidelines are to assist in your 1) establishment of frequency-specific thresholds in each ear; 2) determination of the type, degree, configuration and site of hearing loss; and 3) selection, fitting and verification of amplification and introduction to intervention options. These are recommended guidelines; professional clinical decisions will determine the order and choice of tests. A complete audiologic assessment and communication with parents about results and options should be expected to occur over several sessions. The CCS Program will authorize the reimbursement of the procedures in this recommended guideline when performed by a CCS-approved Type C Communication Disorders Center (or Level 3 Hearing and Speech Center) for infants eligible for the CCS program.

It is imperative that in the pursuit of early identification of hearing loss and entrance into early intervention services that the rights of infants and families are guaranteed through informed choice, decision-making and consent. Infant and family information should be afforded the same level of confidentiality and security as all other medical information in practice and law. Therefore, it is highly recommended that consent to share information between audiology and other health care and educational providers be obtained.

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## II. Infant Diagnostic Hearing Evaluation

The diagnostic audiologic evaluation of an infant should include both developmentally appropriate behavioral measures, objective physiologic (ABR, OAE or other) threshold measures using tonal stimuli and a measure of middle ear function.

- A. The following is recommended to be performed on ALL infants referred for a diagnostic hearing evaluation:
1. History, to include family history and infant's communication development to-date
  2. Otoscopic examination
  3. Diagnostic OAE  
(Note: may not be able to obtain low frequency emissions due to high noise floor.)
  4. ABR Thresholds  
Click screening at 25 dBnHL in each ear.

**If the child does not pass either 3 or 4 above in both ears, continue with the procedures outlined in Section B.**

5. Behavioral testing (if the infant's developmental age is 6 months or older)  
If the child is at least 6 months developmental age, and awake and alert, attempts should be made to obtain ear-specific thresholds at 500-4000 Hz.

A child exhibiting responses to click stimuli at 25 dBnHL in each ear AND normal OAEs bilaterally; or normal Visual Reinforcement Audiometry (VRA) responses and normal OAE's in both ears shall be considered a pass.

- B. The following testing should be done on those infants who do not pass the procedures identified in A. above.
1. Frequency specific electrophysiologic threshold (ABR or other electrophysiologic measure) using a minimum of one low frequency and one high frequency toneburst stimuli (for example 500 and 3000 Hz) in each ear.
  2. Middle ear evaluation. Bone conduction ABR – threshold in each ear to determine the type of hearing loss; or tympanometry using a high frequency probe tone of 660 Hz or greater.

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3. Acoustic Reflexes
4. Auditory neuropathy evaluation

This procedure is recommended when there is:

- an abnormal ABR with present OAE's; or
- an absent ABR, regardless of OAE results.

This should be an ABR click (air conduction) >80 dBnHL, with rarefaction and condensation averaged separately to look for cochlear microphonic.

### **III. Parent Information**

#### **A. Children without a hearing loss**

1. Provide the California NHSP "Ages and Stages" brochure
2. Remind parents to watch for development of communication skills and that hearing can be tested at any age
3. If risk indicators for late onset or progressive hearing loss are present, the primary care provider should be alerted as to the need for communication monitoring, as recommended by the Joint Committee on Infant Hearing.

#### **B. Children with hearing loss**

1. Discussion of results.
2. Provide parents with NHSP Parent Packet
3. Discuss communication options
4. Discuss audiologic intervention recommendations
5. Discuss early intervention services and referral
6. Make referral within 2 working days to the Early Start Program.
7. Discuss funding and community support services.
8. Discuss medical referral
9. Obtain consent for exchange/release of information

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## Reports

Coordination of services for infants is strongly recommended and written reports should be sent to the following individuals to support this.

- A. Baby's primary care provider/medical home
- B. Parent
- C. Hearing Coordination Center (Diagnostic Audiologic Evaluation Report)
- D. Otologist/Otolaryngologist\*
- E. Health plan/payor(s)
- F. Referral Source
- G. Early Intervention Program\*
- H. County CCS Program
- I. Other agencies involved with infant (e.g., Regional Centers, etc.)

(\*for infants with a hearing loss)

## V. Amplification

**As with all portions of the diagnostic evaluation the decision regarding communication options and amplification are to be made by the family with non-biased input from all professionals involved with the infant's care.**

The following recommendations are considered essential in the fitting of hearing aids for infants.

- A. Following medical clearance, hearing aid evaluation and fitting should be completed as soon as possible, and before six months of age.
- B. Estimates of hearing loss and the fitting of amplification should be based on frequency specific evoked potentials and OAE information.
- C. A pediatric specific prescriptive formula should be used to set the gain and output of the hearing aids.
- D. Hearing aid performance should be verified by real-ear measurements in addition to behavioral measurements.

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CALIFORNIA CHILDREN'S SERVICES PROGRAM

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## VI. Recommended Reading

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Joint Committee on Infant Hearing. (2000). Year 2000 Position Statement, Principles and Guidelines for Early Hearing Detection and Intervention Programs. American Journal of Audiology, 9, 9-29.

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Prieve, B. A., Fitzgerald, T. S., Schulte, L. E., Demp, D. T. (1997) Basic characteristics of distortion product otoacoustic emissions in infants and children. Journal of the Acoustical Society of America, 102, 2871 – 2879.

Sininger, Y.S., Abdala, C., & Cone-Wesson, B. (1997). Auditory threshold sensitivity of the human neonate as measured by the auditory brainstem response. Hearing Research, 104, 27-38.

Stapells, D. R., Gravel, J. S., & Martin, B. A. (1995). Thresholds for auditory brainstem responses to tones in notched noise from infants and young children with normal hearing or sensorineural hearing loss. Ear and Hearing, 16 (4), 361-371.

**§41839. Diseases of the Ear and Mastoid Process**

(a) CCS applicants shall be eligible for participation in the CCS program for diagnostic services to determine the presence of a hearing loss when the applicant:

- (1) Fails two pure tone audiometric hearing screening tests performed at least six weeks apart at levels not to exceed 25 decibels and at the minimum number of frequencies of 1000, 2000 and 4000 Hertz; or
- (2) Fails to have normal auditory brain stem evoked response; or
- (3) Fails otoacoustic emission or behavioral responses to auditory stimuli as determined by two tests performed at least six weeks apart; or
- (4) Fails to pass hearing screening provided through the Newborn and Infant Hearing Screening, Tracking and Intervention Program, as per Health and Safety Code Sections 123975 and 124115 through 124120.5; or
- (5) Exhibits symptoms that may indicate a hearing loss such as poor speech for age or delay in age-appropriate behavioral milestones; or
- (6) Has documentation of one of the risk factors associated with a sensorineural hearing or conductive hearing loss such as:
  - (A) A family history of congenital or childhood onset of hearing impairment.
  - (B) Congenital infection known or suspected to be associated with hearing loss.
  - (C) Craniofacial anomalies.
  - (D) Hyperbilirubinemia at a level exceeding the indication for an exchange transfusion.
  - (E) Ototoxic medications used for more than five days.
  - (F) Bacterial meningitis.
  - (G) Severe depression at birth, defined as:
    1. Apgar score of three or less;
    2. Failure to initiate spontaneous respirations by ten minutes of age; or
    3. Hypotonia persisting to two hours of age.
  - (H) Prolonged mechanical ventilation for a duration of at least five days.
  - (I) Findings of a syndrome known to be associated with hearing loss.

(b) If either of the tests referenced in (a)(1) and (3) above are performed by an audiologist or otolaryngologist, only one exam shall be required for eligibility for diagnostic testing.

(c) CCS applicants shall be eligible for participating in the CCS program for treatment services when there is a hearing loss present as defined by the following criteria:

- (1) In children over five years of age, a pure tone audiometric loss of 30 decibels or greater at two or more frequencies in the same ear tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz or a loss of 40 decibels or greater at any one frequency between and including 500 through 8000 Hertz;
- (2) In children from three to five years of age, a pure tone audiometric loss of 30 decibels or greater at any frequency tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz; or
- (3) In children unable to complete a pure tone audiometric test and whose auditory brain stem evoked response, or otoacoustic emission, or behavioral responses to auditory stimuli indicate hearing loss of 30 decibels or greater.

(d) CCS applicants shall be eligible for participation in the CCS program for treatment services when there is:

- (1) Perforation of the tympanic membrane that requires tympanoplasty; or
- (2) Mastoiditis; or
- (3) Cholesteatoma.

(e) Congenital anomalies of the ear and mastoid process that meet the criteria of Section 41868

NOTE: Authority cited: Section 100275, Health and Safety Code. Reference: Sections 123830, 123835, and 123975, Health and Safety Code.

#### HISTORY

1. New section filed 5-6-99 as an emergency; operative 5-6-99 (Register 99, No. 19). A Certificate of Compliance must be transmitted to OAL by 9-3-99 or emergency language will be repealed by operation of law on the following day.
  2. New section refiled 9-7-99 as an emergency; operative 9-7-99 (Register 99, No. 37). A Certificate of Compliance must be transmitted to OAL by 1-5-2000 or emergency language will be repealed by operation of law on the following day.
  3. New section refiled 12-23-99 as an emergency; operative 12-23-99 (Register 99, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-21-2000 or emergency language will be repealed by operation of law on the following day.
  4. New section refiled 4-18-2000 as an emergency; operative 4-18-2000 (Register 2000, No. 16). A Certificate of Compliance must be transmitted to OAL by 8-16-2000 or emergency language will be repealed by operation of law on the following day.
  5. Certificate of Compliance as to 4-18-2000 order, including amendment of section, transmitted to OAL 5-24-2000 and filed 7-7-2000 (Register 2000, No. 27).
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## INFORMATION ABOUT CALIFORNIA CHILDREN'S SERVICES (CCS)

### What is California Children's Services?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

### What does CCS offer children?

If you or your child's doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

### Who qualifies for CCS?

The program is open to anyone who:

- is under 21 years old;
- has or may have a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported on the adjusted gross income on the state tax form **or** whose out-of-pocket medical expenses for a child who qualifies are **expected** to be more than 20 percent of family income; or the child has Healthy Families coverage.

Family income is not a factor for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Healthy Families coverage.

### What medical conditions does CCS cover?

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child's medical condition is eligible. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care



- Disorders of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)

Ask your county CCS office if you have questions.

### **What must the applicant or family do to qualify?**

Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

### **How is my privacy protected?**

California law requires that families applying for services be given information on how CCS protects their privacy.<sup>1</sup>

To protect your privacy:

- CCS must keep this information confidential.<sup>2</sup>
- CCS may share information on the form with authorized staff from other health and welfare programs **only** when you have signed a consent form.

You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS office. By law, the information you give CCS is kept by the program.<sup>3</sup>

### **Do I have a right to appeal a decision?**

You have the right to disagree with decisions made by CCS.<sup>4</sup> This is called an appeal. The appeal process gives the parent/legal guardian or applicant a way to work with the CCS program to find solutions to disagreements. For information on the appeal process, contact your county CCS office.

### **Where can I get more information about CCS?**

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children's Services or county Health Department.

### **Notes**

<sup>1</sup> Civil Code, Section 1798.17

<sup>2</sup> In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code, Sections 6250–6255)

<sup>3</sup> Section 123800 et. seq. of the California Health and Safety Code

<sup>4</sup> California Code of Regulations, Title 2, Chapter 13, Sections 42702–42703

**APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY**

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term **“applicant”** means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

**A. Applicant Information**

1. Name of applicant (last) (first) (middle)			Name on birth certificate (if different)		Any other name the applicant is known by	
2. Date of birth (month, day, year)			county and state		Country, if born outside the U.S.	
4. Applicant's residence address (number, street) (do not use a P.O. box)			City		County	ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Race/ Ethnicity			7. Social security number (optional)	
8. What is the applicant's suspected eligible CCS condition or disability?						
9. Name of applicant's physician					10. Physician's phone number ( )	

**B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. Name(s) of parent or legal guardian		12. Mother's first name (if not identified in 11)		Maiden name
13. Residence address (number, street) (do not use a P.O. box)		City	County	ZIP code
14.				
15. Day phone number ( )	16. Evening phone number ( )	17. Message phone number ( )		

**C. Health Insurance Information**

19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the applicant's Medi Cal number?		Is there a share-of-cost? Yes No		\$
20. Is the applicant enrolled in the Healthy Families program? Yes No						
21. Does the applicant have other health insurance? Yes No		If yes, what is the name of the insurance plan or company?				
Type of insurance plan or company Preferred Provider (PPO) Health Maintenance Organization (HMO) Other: _____						
22. Does the applicant have dental insurance? Yes No			23. Does the applicant have vision insurance? Yes No			

**D. Certification (Initial and sign below. Your signature authorizes the CCS program to proceed with this application.)**

\_\_\_ I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program.

\_\_\_ I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

\_\_\_ I certify that I have read and understand the information or have had it read to me.

\_\_\_ I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

*Mail this form to your county CCS office.*

## INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

**Section A: Applicant Information** ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:
 

<ul style="list-style-type: none"> <li>• Alaskan Native</li> <li>• Amerasian</li> <li>• American Indian</li> <li>• Asian</li> <li>• Asian Indian</li> <li>• Black/African American</li> <li>• Cambodian</li> </ul>	<ul style="list-style-type: none"> <li>• Chinese</li> <li>• Filipino</li> <li>• Guamanian</li> <li>• Hawaiian</li> <li>• Hispanic/Latino</li> <li>• Japanese</li> <li>• Korean</li> </ul>	<ul style="list-style-type: none"> <li>• Laotian</li> <li>• Samoan</li> <li>• Vietnamese</li> <li>• White</li> <li>• Other</li> </ul>
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7. **Applicant's social security number (optional):** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

**Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)**

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak at home.

**Section C: Health Insurance Information**

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

**Section D: Certification**

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

**Submitting Your Application**

Mail or deliver your application to your county CCS office. To find your county CCS office, go to [www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs) or look in the government section of your local telephone directory under California Children's Services or county health department.

# CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM

## Request for Service Form

Appendix 5

This form is to be completed by a health care provider who is seeking approval for health care services (including hospital inpatient stays) from the CCS program for a potential CCS applicant or CCS client. When this is an initial request for services, it also constitutes a referral to the program. Items identified with an "✓" and in **BOLD** denote required data fields which must be completed if further action is to be taken.

<b>✓ PATIENT INFORMATION</b>  CCS Number (if known): _____ CIN No. _____		<b>DATE:</b> _____	
<b>✓ PATIENT'S NAME &amp; ADDRESS</b>		<b>✓ DATE OF BIRTH:</b> <div style="text-align: center; margin: 5px 0;">             /   /           </div> <b>GENDER:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>PATIENT'S BIRTH CERTIFICATE NAME</b> (if different than name given)		<b>SOCIAL SECURITY NUMBER:</b>	
<b>PATIENT'S PLACE OF BIRTH</b> (City, County and State)		<b>COUNTY OF RESIDENCE:</b>	
<b>✓ HOME PHONE NUMBER:</b> (   )   -  <b>WORK PHONE NUMBER:</b> (   )   -			
<b>MEDI-CAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Medi-Cal Number: _____ If YES, is child in Managed Care Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name of Plan: _____		<b>MEDICAL INSURANCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN If YES, Carrier or Plan Name and Policy Number: _____  Is Insurance an HMO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>HEALTHY FAMILIES:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO   If YES, Name of Plan _____			
<b>Please complete the following two items below ONLY if this is the initial request for services for this patient.</b>			
<b>✓ MOTHER'S FIRST NAME AND MAIDEN NAME:</b>		<b>✓ ETHNIC GROUP:</b>  <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Hispanic  <input type="checkbox"/> Filipino <input type="checkbox"/> Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Amer Asian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> No Response <input type="checkbox"/> Unknown	
<b>REQUEST FOR SERVICES</b>  <b>PROVIDER TYPE:</b> <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER HEALTH CARE PROVIDER _____			
<b>SPECIFIC SERVICES REQUESTED</b> 1. Diagnostic Hearing Evaluation  2.  3.		<b>PROCEDURE CODES</b>	
<b>Attach pertinent medical information related to the request. (Describe nature of medical problems, including significant associated conditions OR attach medical reports that support the requested services)</b>			
If diagnosis is known, please identify:			
<b>PRIMARY:</b>		<b>OTHER:</b>	
<b>SECONDARY:</b>			
<b>PROVIDER NAME/ADDRESS:</b>			
<b>COMPLETED BY:</b>		<b>PHONE NUMBER:</b> (   )   -	
<b>TITLE:</b>			

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-0499



December 16, 1999

**N.L.: 21-1299****Index: Benefits**

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM COUNTY  
ADMINISTRATORS MEDICAL CONSULTANTS, AND CCS REGIONAL OFFICE  
STAFF

SUBJECT: AUTHORIZATION OF SERVICES FOR CHILDREN WITH HEARING  
LOSS

I. BACKGROUND

After prematurity, hearing loss is the most frequent CCS-eligible condition. Despite the large number of children in the caseload who are deaf or hard of hearing, there is a lack of knowledge on how to address their needs. The services authorized and provided to these CCS-eligible clients vary markedly from county to county. Many CCS programs believe that it is the responsibility of the public school system to provide the majority of services related to hearing loss to these children. This misconception has resulted in a limitation of access to medically necessary services. It is vital that CCS-eligible children who are deaf and hard of hearing receive medically necessary services in order to maximize their outcomes.

The need to assure access to appropriate services is becoming more of an issue as children are identified earlier with hearing loss. Each year there will be approximately 1,200 infants identified with a hearing loss through the Newborn Hearing Screening Program, when the program is fully implemented. One could estimate that half of these children will be CCS eligible. Any delay in providing the appropriate interventions can have a significant impact on the development of communication skills.

Services necessary for infants, children, and adolescents identified with hearing loss can include ongoing audiologic evaluation and monitoring, hearing aids, speech and language therapy, and aural rehabilitation. Periodic audiologic evaluations and testing are necessary to monitor children with hearing loss to determine if the loss is stable, fluctuating, or deteriorating. Children who are fitted with aids or other amplification devices require periodic hearing aid checks

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and evaluation of their hearing while using the aids. This is not a once-in-a-lifetime procedure.

As it is more difficult to acquire communication skills in the presence of a hearing loss, speech and language therapy is necessary to stimulate development of these skills. Aural rehabilitation is focused on acquiring auditory skills and includes teaching children to use their residual hearing, adjusting to amplified sounds, learning to coordinate lip reading skills, and working with the family to increase their skills in communicating with the CCS-eligible client.

Additional medical services need to be performed, including an otolaryngology exam. The otolaryngologist (ENT) will prescribe the hearing aids when appropriate and if the parents/guardians have chosen amplification. The ENT will also order any applicable tests. The examination is necessary as the dispensing of a hearing aid requires a "medical clearance." This examination is not a once-in-a-lifetime procedure. Both an audiology and ENT evaluation within the preceding six months are required whenever a hearing aid is dispensed.

An ophthalmologic examination is also necessary for each child diagnosed with a hearing loss. There are a number of syndromes with associated vision and hearing problems, and children with significant hearing loss rely more heavily on their vision than those children without a hearing loss.

Children under the age of three who have a hearing loss are eligible for services through the Early Start Program; children over the age of three with a hearing loss are probably eligible for special education. The services provided to both of these age groups by these agencies are focused on educational goals and they complement the medically necessary services authorized and reimbursed by Medi-Cal and CCS. The following guidelines were developed to ensure that children throughout the state receive an appropriate and consistent range of services from the CCS program.

## II. POLICY

- A. Effective the date of this letter, once an infant, child, or adolescent has been identified with a hearing loss, as per Title 22, Section 41839 (c), and program eligibility has been established, CCS shall authorize ongoing audiologic services and assure coordination of services with either the Early Start Program of the Local Education Agency.

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- B. Authorization for fitting/provision of amplification devices and/or aural rehabilitation services should NOT be delayed if the ophthalmologic examination has not been completed or a “medical home” has not been identified.

### III POLICY IMPLEMENTATION

A. CCS client identified with a hearing loss shall have the following services authorized.

- A. An age-appropriate CCS-approved Communication Disorder Center to provide ongoing audiologic services, speech and language therapy, and aural rehabilitation services.

- 1. The Center authorization covers the following:
  - a. Special care center services, e.g., team conferences, phone calls, chart review
  - b. Initial evaluations by audiologist and speech/language pathologist
  - c. Diagnostic testing by audiologist and speech/language pathologist
  - d. Hearing aid assessment and fitting
  - e. Periodic evaluations by audiologist and speech/language pathologist
- 2. There shall be a separate authorization that covers hearing aids, ear molds, and batteries.
  - a. The authorization for a hearing aid includes the dispensing of the aid and six visits for training, adjustment and fitting, and an initial package of batteries.
  - b. When an ear mold is requested, it must be separately identified on the authorization so that it can be reimbursed.



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- c. Additional batteries shall be authorized as per Numbered Letter 18-0795.
    - d. The authorization may either be issued directly to the Center when the audiologist at the Center is dispensing the aid or to a hearing aid dispenser working in conjunction with the authorized Center's audiologist.
  - 3. There shall be a separate authorization for the following when requested and determined medically necessary.
    - a. Other communication devices
    - b. Aural rehabilitation that is time limited and is for a defined quantity of services.
    - c. Speech/language therapy that is time limited and is for a defined quantity of services.
  - B. An otolaryngologic evaluation by a CCS-paneled ENT. In the event that a child does not have access to an ENT in his/her community, alternatively a pediatrician or primary care physician may be authorized to perform this service.
  - C. A complete evaluation by a CCS-paneled ophthalmologist.
  - D. A "medical home" to provide ongoing care in the community for health problems that have an impact on the hearing loss, such as otitis media.

If you have any questions regarding this policy, please contact your Regional Office.

**Original signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

**DEPARTMENT OF HEALTH SERVICES**

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 654-0499



December 16, 1999

**N.L.: 20-1299****Index: Benefits**

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM COUNTY ADMINISTRATORS AND MEDICAL DIRECTORS, COMMUNITY CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS AND DEPUTY DIRECTORS, CHILDREN'S MEDICAL SERVICES (CMS) BRANCH CENTRAL OFFICE AND REGIONAL OFFICE STAFF

SUBJECT: AUTHORIZATION OF DIAGNOSTIC SERVICES FOR INFANTS REFERRED THROUGH THE CALIFORNIA NEWBORN HEARING SCREENING PROGRAM (NHSP)

I. Background

The California NHSP was enacted with the signing of Assembly Bill 2780 (Chapter 310, Statutes of 1998). The goal of the program is identification of a hearing loss by three months of age and linkage with early intervention and audiologic services by six months of age. To assure that infants receive diagnostic audiologic services as soon as possible, changes are required in the CCS program to ensure these services are expeditiously authorized by the CCS program.

The NHSP's Hearing Coordination Centers will certify CCS-approved hospitals with licensed perinatal services and/or CCS-approved Neonatal Intensive Care Units (NICUs) to participate in the program as Inpatient Infant Hearing Screening Providers. Hospitals will offer the parents of all infants delivering at the hospital an opportunity to have their infant's hearing screened. All infants receiving care in a CCS-approved NICU will have their hearing screened. The hospitals will perform an automated hearing screening on these infants in the newborn nursery prior to hospital discharge. A repeat screening will be done prior to discharge if the infant fails to pass the first screening. An infant who also fails to pass the second screening will be scheduled for an outpatient rescreening within four weeks of discharge. Infants who do not have a hearing screening done prior to

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hospital discharge will have an initial outpatient screening scheduled by the hospital.

The following infants will be referred to the CCS program for authorization of diagnostic services to determine if a hearing loss is present:

1. Infants who do not pass both the hospital inpatient hearing screening and the outpatient rescreening in one or both ears.
2. Infants who do not pass an initial outpatient screening in one or both ears, which is done because the infant was not screened before hospital discharge. (These infants do NOT require an outpatient hearing screening before referral for diagnostic evaluation.)
3. Infants who received care in a CCS-approved NICU and who did not pass the inpatient hearing screenings in one or both ears. (These infants do NOT require an outpatient hearing screening before referral for diagnostic evaluation.)

The above referral guidelines are being distributed to providers approved as NHSP Outpatient Infant Hearing Screening Providers (approved as per Chapter 3.42.2 of the CCS Procedures Manual) who will perform the outpatient screenings.

NHSP Outpatient Infant Hearing Screening Providers are being supplied with preprinted copies of the CCS Request for Service form and copies of the CCS application form. These providers are being instructed (see enclosed) to forward, by FAX or mail, completed and signed copies of both forms and a copy of the hearing-screening results to the appropriate local CCS programs to facilitate the authorization of a diagnostic hearing evaluation.

The NHSP is encouraging those outpatient screening providers who are also a CCS-approved-Level C Communication Disorder Center (CDC) to do the diagnostic evaluation as soon as possible after the infant fails an outpatient rescreening or initial screening. The providers are being advised that the CCS program will authorize the diagnostic evaluation regardless of insurance coverage, but that they must simultaneously request authorization from the appropriate third-party payor.

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A diagnostic evaluation includes audiologic testing procedures necessary to determine the type, degree, and configuration of hearing loss. The diagnostic evaluation appointment is typically scheduled for two-to-three hours and may require more than one visit to complete all of the testing.

The CMS Branch will be distributing Infant Audiology Assessment Guidelines to audiologists throughout California describing the recommended diagnostic hearing testing procedures to perform on infants. These guidelines will also be made available to the local CCS programs. The program is, therefore, committed to reimburse CCS-approved providers for these procedures.

## II. POLICY

- A. CCS shall issue authorizations to a CCS-approved Level C CDC to perform a diagnostic evaluation on ALL infants referred through the NHSP. These referrals will come from a CCS-approved Level C CDC, an Outpatient Infant Hearing Screening Provider, a CCS-approved NICU, or from the NHSP Hearing Coordination Center.
- B. These authorizations shall be issued
  - Within five working days of receipt of the referral
  - Without regard to the patient's insurance coverage of the family's income.
  - Without waiting for a denial of coverage from patient's HMO or other third-party payor.
- C. Issuance of this authorization for diagnostic services requires only the receipt-of-a Request for Service form, a signed application, and a copy of the hearing screening results. There is no need to complete a financial and residential eligibility determination.
- D. The \$20 assessment fee is waived for these services.

## III. Policy Guidelines

- A. An authorization for a diagnostic hearing evaluation shall be issued to a CCS-approved Level C CDC (or a Level Three Hearing and Speech Center) and shall be for 90 days. The authorization shall cover diagnostic testing and evaluation which can include:

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1. History and otoscopic examination
2. Otoacoustic emissions
3. Tone burst auditory brainstem response (ABR)
4. Bone conduction ABR
5. Air conduction ABR
6. Acoustic immittance testing
7. Behavioral testing

B. Authorizations shall include the following information:

1. Claims for Medi-Cal-eligible children should be forwarded directly to the authorizing CCS program for authorization of payment by the Medi-Cal program.
2. Claims for services provided to children with other third-party coverage must be submitted to the insurance carrier or health maintenance organization prior to billing the CCS program for the services. A denial of payment from the third-party payor shall accompany the claim.

C. A copy of the authorization for a diagnostic hearing evaluation shall be sent to the appropriate Hearing Coordination Center.

#### IV. Children at risk for progressive hearing loss

A number of infants who are determined to have normal hearing have a medical or family history that placed them at risk for developing a progressive or late onset hearing loss. These risk factors, as identified in the position statement of the Joint Committee on Infant Hearing, include, but are not limited to, a family history of early childhood hearing loss, congenital infections and meningitis.

Children with these risk factors should receive a diagnostic evaluation every six months until they are three years of age. Authorization of these medically necessary diagnostic services, when requested by a health care professional of the parent, shall follow the guidelines for diagnostic services identified in the CCS Case Management Procedure Manual (Chapter Two, 11.A.2.b.). Authorizations shall be issued to a CCS-approved Type C CDC (or Level 3 Hearing and Speech Center).

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If you have any questions regarding this policy, please contact the Audiology Consultant in your Regional office.

**Original signed by Maridee Gregory, M.D.**

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosure

**Audiology Codes (Effective 2000)**

<b>Code</b>	<b>Description</b>	<b>Price</b>
	<b>Evaluation Codes</b>	
Z5900	<b>Initial</b> audiology evaluation, less than 2 years of age	71.50
Z5902	<b>Initial</b> audiology evaluation, 2-5 years of age	65.00
Z5904	<b>Initial</b> audiology evaluation 6-20 years of age	58.50
Z5906	<b>Subsequent</b> audiology evaluation, less than 2 years of age	39.00
Z5908	<b>Subsequent</b> audiology evaluation, 2-5 years of age	36.40
Z5910	<b>Subsequent</b> audiology evaluation 6-20 years of age	32.50
Z5912	Evaluation of difficult to test patient, less than 7 years	84.75
	<b>Audiology tests</b>	
Z5914	Auditory brainstem response (abr)	160.10
Z5916	Audiometry/behavioral observation audio	36.05
Z5918	Speech reception/detection/recognition threshold test	15.13
Z5920	Speech discrimination/word recognition test	15.13
Z5922	Acoustic immitance testing, monaural	32.96
Z5924	Acoustic immitance testing, binaural	48.56
Z5926	Central auditory processing, each test	21.32
Z5928	Functional gain testing	33.02
Z5930	Real ear measurements, monaural	23.32
Z5932	Real ear measurements, binaural	33.80
Z5934	Evoked otoacoustic emission, limited	47.05
Z5936	Evoked otoacoustic emission, comprehensive/diagnostic	58.84
	<b>Aural rehabilitation services</b>	
Z5940	Aural rehab, related to use of conventional hearing aid, 30 minutes	56.16
Z5944	Aural rehab, related to use of alternative hearing device 30 minutes	56.16

**Audiology Codes**  
**(Established prior to 2000)**

<b>Code</b>	<b>Description</b>	<b>Price</b>
X4501	Pure tone audiometry (with complete audiogram)	35.79
V5008	Hearing screening	18.07
X4512	Bekesy audiometry	37.64
X4514	Short increment sensitivity index	15.05
X4516	Loudness balance test	15.05
X4518	Tone decay test	15.05
X4520	Visual evoked potential response test	160.10
X4522	Evoked Response Audiometry Test, physician evaluation	160.10
X4524	Somatosensory evoked response test, physician evaluation	160.10
X4526	Hearing therapy (individual) per hour	45.40
X4528	Hearing therapy (group), each patient	26.57
X4530	Impedance Audiometry (bilateral)	33.14
V5010	Assessment for hearing aid	52.70
X4532	Electroacoustic analysis of hearing aid as a monaural procedure	23.32
Z3600	Standard custom ear mold	24.73
Z3602	Special custom ear mold	28.20
X4536	Weber test	7.53
X4538	Impedance audiometry, unilateral	15.21
X4540	Tympanometry	22.94
X4542	Electroacoustic analysis of hearing aid, binaural	42.81
X4544	Diagnostic evaluation for difficult to test patient, over 7 years of age	65.19
X4546	Electronystagmography	89.83
X4535	Unlisted audiological services	By Report



**DEPARTMENT OF HEALTH SERVICES  
CHILDREN'S MEDICAL SERVICES BRANCH  
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM**

**REQUEST**

**For**

**Non-Conventional Hearing Aids and Assistive Listening Devices**

Date \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

County: \_\_\_\_\_

**To be completed by CCS program staff:**

CCS Number: \_\_\_\_\_

☐ Medi-Cal (Medi-Cal I.D. # \_\_\_\_\_) ☐ Health Families ☐ CCS-only

**To be completed by audiologist:**

1. Requesting audiologist

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

2. Dispensing audiologist or hearing aid dispenser (if other than above)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

3. Current amplification system, if any \_\_\_\_\_ Current age of system \_\_\_\_\_

4. Type of hearing aid/device requested \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

5. Rational for aid/device:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following must be enclosed with the request:**

- ☐ Audiologist narrative report with information to support request. (from audiologist)
- ☐ Audiogram
- ☐ Previous amplification
- ☐ Physician report (medical clearance) – (from CCS County Program)

**DEPARTMENT OF HEALTH SERVICES  
CHILDREN'S MEDICAL SERVICES BRANCH  
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM**

**PRE-COCHLEAR IMPLANT QUESTIONNAIRE  
(REFERRAL SOURCE TO COMPLETE)**

CHILD'S NAME \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

**To be completed by CCS program staff:**

CCS Number: \_\_\_\_\_

☐ Medi-Cal (Medi-Cal I.D. # \_\_\_\_\_) ☐ Health Families ☐ CCS-only

**Audiology Provider**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**PLEASE ENCLOSE:**

- ☐ current reports of audiological evaluation, including current audiogram
- ☐ electroacoustic hearing aid data
- ☐ hearing (aided vs. unaided) thresholds
- ☐ current make and model of hearing aids(s)
- ☐ current reports of testing done, including auditory integration and speech perception

**PLEASE ANSWER THE FOLLOWING QUESTIONS WITH EITHER A YES OR NO**

**Cognitive ability to use auditory cues:**

- \_\_\_\_\_ Does child cooperate during clinic visits?
- \_\_\_\_\_ Does child comprehend speech/signing used during your interaction?
- \_\_\_\_\_ Does child understand and respond to commands?
- \_\_\_\_\_ Does child use situational cueing for understanding?
- \_\_\_\_\_ Is child aware of speech as communication medium?
- \_\_\_\_\_ Does child include expression (facial or body language) in communication?
- \_\_\_\_\_ Does child use voice without signs for communication?
- \_\_\_\_\_ Does child play interactively with other children and/or family members?
- \_\_\_\_\_ Is child considered immature, dependent on others to initiate action?
- \_\_\_\_\_ Do parents comply with clinical recommendation for carry over in the home to obtain maximum use of amplification and for keeping appointments?
- \_\_\_\_\_ Are parents aware that there is an external device worn with the cochlear implant unit?
- \_\_\_\_\_ **Are the parents informed of all options available to deaf children?**

DEPARTMENT OF HEALTH SERVICES  
CHILDREN'S MEDICAL SERVICES BRANCH  
CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM

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**ASSESSMENT OF:**

**Motivation of candidate and/or commitment of family/care giver(s) to undergo a program of a prosthetic fitting and long-term rehabilitation:**

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**Realistic expectations of the candidate and/or family/care giver(s) for post implant educational/vocational rehabilitation as appropriate:**

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**Child's educational program:**

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**Child's individual rehabilitation program:**

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**Additional Comments:**

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name of audiologist completing report

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date report completed

## Overview

### CALIFORNIA'S

# EARLY START PROGRAM



*With Early Start... We can make a difference*

A child born with or at risk of developmental delay or disability can receive an "Early Start" in the State of California. Teams of healthcare providers, early intervention specialists, therapists, and parent resource specialists can assess and evaluate an infant or toddler and provide appropriate early intervention services to children up to 36 months who are found eligible for California's Early Start Program.

### *Which children are served?*

Infants and toddlers from birth through 36 months may be eligible for early intervention services if through documented evaluation and assessment they are found to:

1. have a developmental delay in either cognitive, communication, social or emotional, adaptive, or physical and motor development including vision and hearing; or
2. have established risk conditions, with conditions of known etiology, or conditions with established harmful developmental consequences; or
3. be at high risk of having a substantial developmental disability due to a combination of risk factors.

### *What services are provided?*

Based on the child's eligibility and service needs that are determined by each child's Individualized Family Service Plan (IFSP) team, early intervention services may include:

- ▶ assistive technology
- ▶ audiology
- ▶ family training, counseling, and home visits
- ▶ health services
- ▶ medical services for diagnostic/evaluation purposes only
- ▶ nursing services
- ▶ nutrition services
- ▶ occupational therapy
- ▶ physical therapy
- ▶ psychological services
- ▶ respite
- ▶ service coordination (case management)
- ▶ social work services
- ▶ special instruction
- ▶ speech and language services
- ▶ transportation and related costs
- ▶ vision services



800.515.BABY



## Overview

## CALIFORNIA'S

EARLY START  
PROGRAM*Who provides services?*

Local education agencies provide individually designed services for infants with vision, hearing, and severe orthopedic impairments, including any combination of these solely low-incidence disabilities. Regional centers throughout California provide, arrange, or purchase early intervention services for all other children found eligible for Early Start. Family resource centers provide parent-to-parent support.

*How much does it cost?*

Early Start services are provided to eligible infants and toddlers and their families at no cost to the family as determined by the IFSP team. Early Start is funded by federal funds (IDEA, Part C) and the State General Fund. Other publicly-funded early intervention services may also be utilized.

*Does early intervention make a difference?*

Yes. Overwhelmingly, research has shown early intervention services provided in the first three years of a child's life can significantly improve intellectual, physical, communicative, adaptive and emotional developmental outcomes (Resnick et al., 1992; Shonkoff, 1992; Upshur, 1991; Guralnick et al., 1988). A secondary benefit of early intervention is the strengthening of families' capacities to advocate and care for their children with special needs (Upshur, 1991). Early intervention has also been shown to be cost-effective in that the need for later special education and future long-term care is substantially reduced (Shonkoff, 1992).

*How do I find out more?*

Call 1-800-515-BABY for resources, information, or a referral to your local Early Start Program and family resource center.



800.515.BABY

# California Department of Developmental Services

## Family Resource Centers and Networks

**F**amilies of infants and toddlers, from birth up to 36 months at risk of or with developmental delays and disabilities, can receive parent-to-parent support from family resource centers and networks. Family resource centers receiving Early Start funding actively collaborate with local regional centers and educational agencies and help many parents, families, and children access early intervention services.

California's Early Start family resource centers and networks (FRC/Ns) are staffed by parents who have children with special needs and provide information and parent-to-parent support. Each FRC/N is unique, reflecting the needs of their community. They may operate as independent sites or be based in regional centers, local education agencies, public health facilities, hospitals, or homes. Services are available in many languages and are culturally responsive to the needs of the individual family.

Family resource centers and networks contracted by the California Department of Developmental Services may provide:

- parent-to-parent and family support
- peer counseling and home visits
- information and referral
- public awareness
- parent education
- support services in many languages
- transition assistance
- support services in urban and rural communities

In addition, some FRC/Ns have newsletters, resource libraries, and websites, as well as parent and/or sibling support groups and telephone "warmlines" or "babylines."

### FRC/N NUMBER 1

#### **Del Norte Special Needs Information Network**

475 7th Street  
Crescent City, CA 95531

**707/464-1224**

**800/808-7206**

**Fax: 707/465-4226**

**www.ncsheadstart.org**

*Area Served: Del Norte County*

#### **Lake County Family Resource Center**

896 Lakeport Boulevard  
Lakeport, CA 95453  
P.O. Box 1096  
Cobb, CA 95426

**707/262-0672**

**Fax: 707/928-4905**

*Area Served: Lake County*

#### **Mendocino County Coast Family Resource Center**

270 Chestnut Street, Suite A  
Fort Bragg, CA 95437

**707/964-3674**

**Fax: 707/964-0226**

*Area Served: Mendocino County*

### FRC/N NUMBER 1 continued

#### **Mendocino County Inland Family Resource Center**

10 Cherry Court  
Ukiah, CA 95482

**707/964-3674**

**Fax: 707/964-0226**

*Area Served: Mendocino County*

#### **The Special Needs Connection**

Humboldt Child Care Council  
2379 Myrtle Avenue  
Eureka, CA 95501

**707/445-1195**

**Fax: 707/445-1802**

**www.hccc1.org**

*Area Served: Humboldt County*

### FRC/N NUMBER 2

#### **Exceptional Family Support, Education, and Advocacy Center of Northern California, Inc.**

6402 Skyway  
Paradise, CA 95969

**888/263-1311**

**530/876-8321**

**Fax: 530/876-0346**

**www.sea-center.org**

*Area Served: Butte, Glenn, Shasta, Siskiyou, Tehama, and Trinity Counties*

### FRC/N NUMBER 3

#### **RAINBOW Regional Family Support and Resource Network**

336 Alexander Avenue  
Susanville, CA 96130

**530/251-2417**

**800/537-TALK (8255)**

**Fax: 530/257-2407**

*Area Served: Lassen, Modoc, Plumas, and Sierra Counties*

## FAMILY RESOURCE CENTERS AND NETWORKS

**FRC/N NUMBER 4****Colusa County Family Resource Center**

Special Education Annex  
400-A Fremont Street  
Colusa, CA 95932

**530/458-8891 x10345**

**Fax: 530/458-5764**

*Area Served: Colusa County*

**Sutter County Parent Network**

1506 Star Drive, Suite C  
Yuba City, CA 95993

**530/751-1925**

**Fax: 530/751-1466**

*Area Served: Sutter County*

**Yuba County Family Resource Network**

1010 I Street  
Marysville, CA 95901

**530/749-3276 x105**

**Fax: 530/749-3279**

*Area Served: Yuba County*

**FRC/N NUMBER 5****MATRIX Parent Network & Resource Center**

1780 Third Street  
Napa, CA 94559

**707/253-8729**

**Fax: 707/253-8141**

**matrixparents.org**

*Area Served: Napa County*

**MATRIX Parent Network and Resource Center**

3272 Sonoma Boulevard, Suite 4  
Vallejo, CA 94590

**707/558-1354**

**Fax: 707/644-6555**

*Area Served: Solano County*

**MATRIX Parent Network and Resource Center**

5350 Commerce Boulevard  
Suite J  
Rohnert Park, CA 94928

**707/586-3314**

**Fax: 707/586-3145**

**www.matrixparents.org**

*Area Served: Sonoma County*

**FRC/N NUMBER 6****WarmLine Family Resource Center**

1010 Hurley Way, Suite 290  
Sacramento, CA 95825

**916/922-9276**

**800/660-7995**

**Fax: 916/922-9341**

**www.warmlinefrc.org**

*Area Served: Alpine, El Dorado, Nevada, Placer, Sacramento, and Yolo Counties*

**FRC/N NUMBER 7****MATRIX Parent Network and Resource Center**

94 Galli Drive, Suite C  
Novato, CA 94949

**415/884-3535**

**800/578-2592**

**Fax: 415/884-3555**

**www.matrixparents.org**

*Area Served: Marin County*

**FRC/N NUMBER 8****CARE Parent Network**

1350 Arnold Drive, Suite 203  
Martinez, CA 94553

**925/313-0999**

**800/281-3023 (local area only)**

**Fax: 925/370-8651**

**www.contracostaarc.com**

*Area Served: Contra Costa County*

**FRC/N NUMBER 9****Family Resource Network**

5250 Claremont Avenue  
Suite 237

Stockton, CA 95207

**209/472-3674**

**800/847-3030 (local area only)**

**Fax: 209/472-3673**

**www.virtualstockton.com/families**

*Area Served: Amador, Calaveras, San Joaquin, Stanislaus, and Tuolumne Counties*

**FRC/N NUMBER 10****Support for Families at Open Gate**

300 Seneca Avenue  
San Francisco, CA 94112

**415/469-4518**

**Fax: 415/469-4786**

**www.supportforfamilies.org**

*Area Served: San Francisco County*

**Support for Families of Children with Disabilities**

2601 Mission Street, Suite 606  
San Francisco, CA 94110

**415/282-7494**

**Fax: 415/282-1226**

**www.supportforfamilies.org**

*Area Served: San Francisco County*

**FRC/N NUMBER 11****Family Resource Network**

5232 Claremont Avenue  
Oakland, CA 94618

**510/547-7322**

**Fax: 510/658-8354**

*Area Served: Alameda County*

**FRC/N NUMBER 12****MORE Family Resource Center**

1764 Marco Polo Way  
Burlingame, CA 94010

**650/259-0189**

**Fax: 650/259-0188**

*Area Served: San Mateo County*

**FRC/N NUMBER 13****Parents Helping Parents**

3041 Olcott Street  
Santa Clara, CA 95054-3222

**408/727-5775**

**Fax: 408/727-0182**

**www.php.com**

*Area Served: Santa Clara County*

**FRC/N NUMBER 14****CHALLENGED Family Resource Center of Merced County**

6738 North Sultana Drive  
Livingston, CA 95334

**209/394-4610**

**800/394-6347**

**Fax: 209/394-4720**

**www.challengedfrc.org**

*Area Served: Merced County*

**Madera County Extra Special Parents Healthy Start**

117 West Dunham  
Madera, CA 93637

**559/674-0915**

**Fax: 559/674-3535**

*Area Served: Madera County*

**Mariposa Family Resource Center**

5065 Jones Street  
P.O. Box 2117  
Mariposa, CA 95338

**209/966-6299**

**Fax: 209/966-2236**

*Area Served: Mariposa County*

**FRC/N NUMBER 15****Special Connections Family Resource Center**

1011 Line Street  
Hollister, CA 95023

**831/636-4410 x13**

**Fax: 831/636-4414**

*Area Served: San Benito County*

**Special Connections Family Resource Center**

809-H Bay Avenue  
Capitola, CA 95010

**831/464-0669**

**Fax: 831/465-9177**

*Area Served: Santa Cruz*

## FAMILY RESOURCE CENTERS AND NETWORKS

**FRC/N NUMBER 16****Circle of Friends Family Resource Center**

1680 David E. Cook Way  
Clovis, CA 93611

**559/327-9392**

**Fax: 559/327-9429**

*Area Served: Fresno County*

**Exceptional Parents Unlimited**

4440 North First Street  
Fresno, CA 93726

**559/229-2000**

**Fax: 559/229-2956**

**www.exceptionalparents.org**

*Area Served: Fresno and Kings Counties*

**Kings County Family Resource Center**

United Cerebral Palsy Association  
606 West Sixth Street  
Hanford, CA 93230

**559/584-1551**

**Fax: 559/584-6757**

**www.ccucp.org**

*Area Served: Fresno and Kings Counties*

**FRC/N NUMBER 17****Heart to Hand Family Resource Center**

106 South Main Street, Suite 204  
Bishop, CA 93514

**760/872-4604**

**800/237-6996**

**Fax: 760/873-4487**

*Area Served: Inyo County*

**FRC/N NUMBER 18****Peaks & Valleys Family Resource Center**

1145 Acosta Street  
Salinas, CA 93905

**831/424-2937**

**Fax: 831/771-9132**

*Area Served: Monterey County*

**FRC/N NUMBER 19****Parenting Network Inc.**

2378 West Whitendale  
Visalia, CA 93277

**559/625-0384**

**800/755-4446**

**Fax: 559/625-0386**

*Area Served: Tulare County*

**FRC/N NUMBER 20****Alpha Resource Center of Santa Barbara County Family First**

4501 Cathedral Oaks Road  
Santa Barbara, CA 93110

**805/683-2145**

**877/414-6227**

**Fax: 805/967-3647**

*Area Served: Santa Barbara County*

**Parents Helping Parents**

3620 Sacramento Drive, Suite 201-C  
San Luis Obispo, CA 93401

**805/549-8148**

**Fax: 805/543-2045**

*Area Served: San Luis Obispo County*

**FRC/N NUMBER 21****H.E.A.R.T.S. Connection Family Resource Center**

3101 North Sillect Avenue  
Suite 115  
Bakersfield, CA 93308

**661/328-9055**

**800/210-7633 x282**

**Fax: 661/328-9940**

*Area Served: Kern County*

**FRC/N NUMBER 22****Rainbow Connection Family Resource Center**

2220 East Gonzales Road, Suite 210  
Oxnard, CA 93036-8294

**805/485-9643 (English)**

**805/485-9892 (Spanish)**

**800/332-3679 x204**

**Fax: 805/988-9521**

*Area Served: Ventura County*

**FRC/N NUMBER 23****Carolyn Kordich Family Resource Center**

1135 West 257th Street  
Harbor City, CA 90710-0216

**310/325-7288**

**Fax: same**

*Area Served: Carson, Harbor City, Harbor Gateway, Lomita, San Pedro, and Wilmington*

**Harbor Regional Center Family & Professional Resource Center**

21231 Hawthorne Boulevard  
Torrance, CA 90503

**310/543-0691**

**Fax: 310/316-8843**

**www.harborrc.org**

*Area Served: Carson, Hermosa Beach, Manhattan Beach, Palos Verdes, Redondo Beach, and Torrance*

**Long Beach Family Resource Center**

2801 Atlantic Avenue, 2nd Floor  
Long Beach, CA 90801  
P.O. Box 5027

Los Alamitos, CA 90721-5027

**562/933-8050**

**Fax: 562/933-8430**

*Area Served: Lakewood, Long Beach, and Signal Hill*

**Southeast Family Resource Center**

16337 Bellflower Boulevard  
Bellflower, CA 90706  
P.O. Box 307

Lakewood, CA 90714

**562/461-2986**

**877/243-BABY**

**Fax: 562/461-2876**

*Area Served: Artesia, Bellflower, Cerritos, Hawaiian Gardens, La Mirada, Lakewood, and Norwalk*

**FRC/N NUMBER 24****Southwest Special Education Family Resource Center**

15901 Hawthorne Boulevard, #400  
Lawndale, CA 90260

**310/921-2252**

**Fax: 310/921-3242**

*Area Served: El Segundo, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Lennox, Manhattan Beach, Palos Verdes, Redondo Beach, Rolling Hills, and Torrance*

**Westside Family Resource Center**

5901 Green Valley Circle, Suite 320  
Culver City, CA 90230-6953

**310/258-4063**

**Fax: 310/338-9664**

**www.westsiderc.org**

*Area Served: Beverly Hills, Brentwood, Culver City, El Segundo, Gardena, Inglewood, Lawndale, Malibu, Pacific Palisades, Santa Monica, Venice, West Los Angeles, Westchester*



## FAMILY RESOURCE CENTERS AND NETWORKS

**FRC/N NUMBER 25****Frank D. Lanterman Regional Center/Koch-Young Family Resource Center**

3303 Wilshire Boulevard, Suite 700  
Los Angeles, CA 90010

**213/383-1300**

**800/546-3676 (local area only)**

**Fax: 213/383-6526**

*Area Served: Burbank, Central Los Angeles, Eagle Rock, Glendale, Hollywood/Wilshire, La Cañada, La Crescenta, Los Feliz, and Pasadena*

**FRC/N NUMBER 26****Loving Your Disabled Child Family Resource Center**

4528 Crenshaw Boulevard  
Los Angeles, CA 90043

**323/299-2925**

**Fax: 323/299-4373**

**www.lydc.org**

*Area Served: Carson, Compton, Dominguez Hills, Lynwood, Paramount, South Central Los Angeles, Southeast Los Angeles, and Southwest Los Angeles*

**South Central Los Angeles Regional Center (SCLARC)**

650 West Adams Boulevard  
Los Angeles, CA 90007

**213/763-7800**

**Fax: 213/744-7068**

**www.sclarc.org**

*Area Served: South Central Los Angeles*

**FRC/N NUMBER 27****Families Caring for Families Family Resource Center**

113 West Pillsbury Street  
Suite A-1

P.O. Box 292

Lancaster, CA 93534-0368

**661/949-1746**

**Fax: 661/948-7266**

*Area Served: Antelope Valley, San Fernando Valley, and Santa Clarita Valley (excluding Glendale and Burbank)*

**Family Focus Resource Center**

• California State University,  
• Northridge  
• 18111 Nordhoff Street  
• Room E109-I  
• Northridge, CA 91330-8265

• **818/677-5575**

• **Fax: 818/677-5574**

• **www.csun.edu/~ffrc**

• *Area Served: San Fernando Valley (excluding Glendale and Burbank)*

**Family Focus Resource Center**

• Canyon Spring  
• Elementary School  
• 19059 Vicci Street, No. 27  
• Canyon Country, CA 91351

• **661/299-4572**

• **Fax: 661/299-4498**

• *Area Served: Santa Clarita Valley*

**FRC/N NUMBER 28****The Parents' Place**

• 1500 West Covina Parkway  
• Suite 207  
• West Covina, CA 91790-2708

• **626/856-8861**

• **800/422-2022 (Warmline)**

• **Fax: 626/337-2736**

• *Area Served: Altadena, Arcadia, Azusa, Baldwin Park, Bradbury, City of Industry, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Hacienda Heights, La Puente, La Verne, Monrovia, Pomona, Rowland Heights, San Dimas, Sierra Madre, South El Monte, Temple City, Valinda, Walnut, and West Covina*

**FRC/N NUMBER 29****Partnership in Early Intervention Family Resource Centers**

• 1000 South Fremont Avenue Suite  
• 6050, Unit 35  
• Alhambra, CA 91803

• **626/300-9171**

• **562/906-1141 (Whittier area)**

• **Fax: 626/300-9164**

• **www.elafrc.org**

• *Area Served: Alhambra, Boyle Heights, City of Commerce, City Terrace, East Los Angeles, East Whittier, La Mirada, Lincoln Heights, Montebello, Monterey Park, Pico Rivera, Rosemead, San Gabriel, San Marino, Santa Fe Springs, South Pasadena, Temple City, and Whittier*

**FRC/N NUMBER 30****Early Start Family Resource Network**

• P.O. Box 6127

• San Bernardino, CA 92412-6127

• **909/890-4791**

• **800/974-5553**

• **Fax: 909/890-4709**

• *Area Served: Riverside and San Bernardino Counties*

**FRC/N NUMBER 31****Comfort Connection Family Resource Center**

• 801 Civic Center Drive West  
• Suite 100

• P.O. Box 22010

• Santa Ana, CA 92702

• **714/558-5400**

• **888/FRC-BABY**

• **Fax: 714/542-5634**

• **www.comfortconnection.org**

• *Area Served: Orange County*

**FRC/N NUMBER 32****Exceptional Family Resource Center**

• 9245 Sky Park Court, Suite 130  
• San Diego, CA 92123

• **858/268-8252**

• **800/281-8252 (local area only)**

• **877/268-8252**

• **Fax: 858/268-4275**

• **edweb.sdsu.edu/efrc**

• *Area Served: Imperial and San Diego Counties*

# California Department of Education

## *Special Education Local Plan Areas*



Infants and toddlers who have vision, hearing, and severe orthopedic impairments (or a combination of these disabilities) receive individually designed early intervention services from local education agencies (LEAs) such as school districts and county offices of education. Across the state, special education local plan area (SELPA) administrators coordinate early childhood special education programs, which include early intervention services.

Since 1980, state law included a partial requirement for early education programs to serve the number of infants and toddlers with disabilities that they served in 1980-81. LEAs also provide services to a number of additional children in order to continue to qualify for their current level of state funding.

LEAs provide early intervention services in the home, community settings, and centers. These services include special instruction, service coordination, family support, and other early intervention services identified in the child's individualized family service plan (IFSP). LEAs also coordinate with regional centers and other local agencies and organizations in evaluation, assessment, and development of IFSPs.

For children who are dually served by a regional center and an LEA, basic special education and related services are usually provided by the LEA. Either LEAs or regional centers may be designated to provide service coordination. The regional center may also provide additional early intervention services or other available State services based on the needs of the child and family.

### **Anaheim City SELPA**

1001 South East Street  
Anaheim, CA 92805-5749

**714/517-7528**

**Fax: 714/517-8551**

*Area Served: Anaheim*

### **Antelope Valley Service Area SELPA**

39139 10th Street East  
Suite G  
Palmdale, CA 93550

**661/274-4136**

**Fax: 661/274-0313**

**www.avspecialed.com**

*Area Served: Acton, Antelope Valley, Gorman, Lancaster, North Los Angeles County, and Palmdale*

### **Bakersfield City SELPA**

714 Williams Street  
Bakersfield, CA 93305

**661/631-5863**

**Fax: 661/861-1783**

*Area Served: Bakersfield*

### **Butte County SELPA**

1859 Bird Street  
Oroville, CA 95965

**530/532-5620**

**Fax: 530/532-5794**

*Area Served: Butte County*

### **Clovis Unified SELPA**

1680 David E. Cook Way  
Clovis, CA 93611-0599

**559/327-9400**

**559/327-9430 (TDD)**

**Fax: 559/327-9429**

**www.clovisusd.k12.ca.us**

*Area Served: Clovis*

### **Colusa County SELPA**

400-A Fremont Street  
Colusa, CA 95932

**530/458-8891**

**Fax: 530/458-5764**

*Area Served: Colusa*

### **Contra Costa SELPA**

2520 Stanwell Drive, Suite 270  
Concord, CA 94520

**925/827-0949 x10**

**Fax: 925/825-1124**

*Area Served: Alamo, Antioch, Bethel Island, Brentwood, Byron, Canyon, Crockett, Danville, Knightsen, Lafayette, Martinez, Moraga, Oakley, Orinda, Pittsburg, Port Costa, Rodeo, San Ramon, and Walnut Creek*

### **Corona-Norco Unified SELPA**

2820 Clark Avenue  
Norco, CA 92860

**909/736-5090**

**Fax: 909/736-5099**

*Area Served: Corona and Norco*

### **Desert/Mountain SELPA**

Education Service Center  
17800 Highway 18  
Apple Valley, CA 92307

**760/242-6333 x310**

**Fax: 760/242-6339**

*Area Served: Adelanto, Apple Valley, Baker Valley, Barstow, Bear Valley, Helendale, Hesperia, Lucerne Valley, Needles, Oro Grande, Silver Valley, Snowline, Trona, Victor Elementary, and Victor Valley High School Districts*

### **Downey-Montebello SELPA**

16240 Paramount Boulevard  
Suite E

Paramount, CA 90723

**562/531-2566**

**Fax: 562/531-2880**

*Area Served: Downey and Montebello*

## SPECIAL EDUCATION LOCAL PLAN AREAS

**East San Gabriel Valley SELPA**

1400 Ranger Drive  
Covina, CA 91722-2055

**626/966-1679**

**Fax: 626/339-0027**

*Area Served: Azusa, Baldwin Park, Bassett, Benita, Charter Oak, Claremont, Covina Valley, Glendora, Pomona, Walnut Valley, and West Covina*

**East Valley Consortium SELPA**

1222 Indiana Court  
Redlands, CA 92374

**909/307-1351**

**Fax: 909/792-5841**

*Area Served: Colton, Fontana, Redlands, Rialto, Rim of the World, and Yucaipa*

**El Dorado County SELPA**

6767 Green Valley Road  
Placerville, CA 95667-8984

**530/295-2228**

**Fax: 530/621-1397**

**www.edcoe.k12.ca.us**

*Area Served: El Dorado County*

**Elk Grove Unified SELPA**

Office of Special Services  
9510 Elk Grove-Florin Road  
Suite 124

Elk Grove, CA 95624-1801

**916/686-7780**

**Fax: 916/686-7749**

**www.edcenter.egusd.k12.ca.us**

*Area Served: Elk Grove, Sloughhouse, South Sacramento, and Wilton*

**Fontana Unified SELPA**

9680 Citrus Avenue, #33  
Fontana, CA 92335-5594

**909/357-5000 x7254**

**Fax: 909/357-5250**

*Area Served: Fontana*

**Foothill SELPA**

1700 East Mountain Street  
Glendale, CA 91207

**818/246-3841**

**Fax: 818/246-3537**

*Area Served: Burbank, Glendale, and La Cañada*

**Fresno County SELPA**

1111 Van Ness Avenue, Towers  
Fresno, CA 93721

**559/265-3049**

**Fax: 559/265-3076**

*Area Served: Fresno County*

**Fresno Unified SELPA**

1301 M Street  
Fresno, CA 93721

**559/457-3220**

**Fax: 559/457-3258**

*Area Served: Fresno City*

**Garden Grove Unified SELPA**

10331 Stanford Avenue  
Garden Grove, CA 92840

**714/663-6233**

**Fax: 714/663-6399**

**www.ggusd.k12.ca.us**

*Area Served: Garden Grove*

**Glenn County SELPA**

525 West Sycamore Street  
Willows, CA 95988

**530/934-6575**

**Fax: 530/934-6576**

**www.glenn.co.k12.ca.us**

*Area Served: Glenn County*

**Greater Anaheim SELPA**

5967 Ball Road  
Cypress, CA 90630

**714/828-1766**

**Fax: 714/828-6763**

*Area Served: Centralia, Cypress, Los Alamitos, Magnolia, and Savanna*

**Humboldt-Del Norte SELPA**

901 Myrtle Avenue  
Eureka, CA 95501

**707/445-7043**

**Fax: 707/445-7071**

**www.humboldt.k12.ca.us**

*Area Served: Humboldt and Del Norte Counties*

**Imperial County SELPA**

1398 Sperber Road  
El Centro, CA 92243

**760/312-6419**

**Fax: 760/312-6522**

**www.icoe.k12.ca.us**

*Area Served: Imperial County*

**Inyo County SELPA**

960 Sugarloaf Road  
P.O. Box 938

Big Pine, CA 93513

**760/938-2633**

**Fax: 760/938-2760**

*Area Served: Inyo County*

**Irvine Unified SELPA**

5050 Barranca Parkway  
Irvine, CA 92604

**949/936-5856**

**Fax: 949/936-5869**

*Area Served: Orange County*

**Kern County Consortium SELPA**

1300 17th Street  
City Centre  
Bakersfield, CA 93301-4533

**661/636-4801**

**661/636-4799 (TDD)**

**Fax: 661/636-4810**

**www.kcsos.kern.org/specialed**

*Area Served: Kern County*

**Kings County SELPA**

Government Center  
1144 West Lacey Boulevard  
Hanford, CA 93230

**559/584-1441**

**Fax: 559/589-7057**

**www.kings.k12.ca.us**

*Area Served: Kings County*

**Lake County SELPA**

1152 South Main Street  
Lakeport, CA 95453

**707/262-4130**

**Fax: 707/263-0197**

*Area Served: Lake County*

**Lassen County SELPA**

472-013 Johnstonville Road North  
Susanville, CA 96130

**530/257-7266**

**Fax: 530/257-2518**

**www.lcoe.org**

*Area Served: Lassen County*

**Lodi Unified SELPA**

1305 East Vine Avenue  
Lodi, CA 95240

**209/331-7061**

**Fax: 209/331-7084**

*Area Served: Lodi, New Hope, Oakview, Stockton, and Thornton*

**Long Beach Unified SELPA**

4310 Long Beach Boulevard, #4  
Long Beach, CA 90807

**562/422-6868**

**Fax: 562/422-7902**

*Area Served: Avalon, Lakewood, Long Beach, and Signal Hill*

**Los Angeles County SELPA**

Early Intervention Support Services  
Los Angeles County  
Office of Education  
9525 Imperial Highway  
Downey, CA 90242

**562/922-6257**

**Fax: 562/940-1670**

*Area Served: Los Angeles County*

**Los Angeles Unified SELPA**

Infant Preschool Support Services  
936 Yale Street  
Los Angeles, CA 90012  
**213/229-4713**  
**Fax: 213/628-9759**  
**www.lausd.k12.ca.us**

*Area Served: Los Angeles City and environs, North to San Fernando, south to San Pedro, west to Pacific Palisades, and east to Los Angeles*

**Madera-Mariposa SELPA**

28123 Avenue 14  
Madera, CA 93638  
**559/662-4666**  
**Fax: 559/674-7468**

*Area Served: Madera and Mariposa Counties*

**Marin County SELPA**

1111 Las Gallinas Avenue  
P.O. Box 4925  
San Rafael, CA 94913-4925  
**415/472-1969**  
**Fax: 415/472-6205**

*Area Served: Marin County*

**Mendocino County SELPA**

2240 Eastside Road  
Ukiah, CA 95482  
**707/467-5166**  
**Fax: 707/463-4898**  
**www.mcoe.k12.ca.us**

*Area Served: Mendocino County*

**Merced County SELPA**

632 West 13th Street  
Merced, CA 95340  
**209/381-6711**  
**Fax: 209/381-6765**

*Area Served: Merced County*

**Mid-Alameda County SELPA**

Castro Valley Unified School District  
4400 Alma Avenue  
P.O. Box 2146  
Castro Valley, CA 94546-2146  
**510/537-3000 x1220**  
**Fax: 510/537-1403**

*Area Served: Castro Valley, Hayward, San Leandro, and San Lorenzo*

**Mid-Cities Service Area SELPA**

Paramount Annex  
16240 Paramount Boulevard  
Suite E  
Paramount, CA 90723  
**562/531-2566**  
**Fax: 562/531-2880**

*Area Served: Bellflower, Compton, Lynwood, and Paramount*

**Mission Valley SELPA**

4210 Technology Drive  
Fremont, CA 94538  
**510/659-2569 x12461**  
**Fax: 510/659-2549**  
*Area Served: Fremont, Newark, and Union City*

**Modesto City SELPA**

426 Locust Street  
Building R  
Modesto, CA 95351-2699  
**209/576-4155**  
**Fax: 209/576-4743**  
*Area Served: Modesto*

**Modoc County SELPA**

139 Henderson Street  
Alturas, CA 96101  
**530/233-7109**  
**Fax: 530/233-5531**  
*Area Served: Modoc County*

**Mono County SELPA**

47 Laurel Mountain Road  
P.O. Box 130  
Mammoth Lakes, CA 93546  
**760/934-0031**  
**Fax: 760/934-1443**  
**www.monocoe.k12.ca.us**  
*Area Served: Mono County*

**Monterey County SELPA**

901 Blanco Circle  
P.O. Box 80851  
Salinas, CA 93912-0851  
**831/755-0340**  
**Fax: 831/769-0732**  
*Area Served: Monterey County*

**Moreno Valley Unified SELPA**

23990 Eucalyptus Avenue  
Moreno Valley, CA 92553  
**909/697-4330**  
**Fax: 909/697-4364**  
*Area Served: Moreno County*

**Morongo Unified SELPA**

5715 Utah Trail  
P.O. Box 1209  
Twentynine Palms, CA 92277  
**760/367-9191 x230**  
**Fax: 760/361-0749**  
*Area Served: Joshua Tree, Landers, Morongo Valley, Twentynine Palms, and Yucca Valley*

**Mt. Diablo Unified SELPA**

1936 Carlotta Drive  
Concord, CA 94519  
**925/682-8000 x4048**  
**925/685-1962 (TDD)**  
**Fax: 925/687-3139**  
*Area Served: Bay Point, Clayton, Concord, Martinez, Pleasant Hill, and Walnut Creek*

**Napa County SELPA**

1015 Kaiser Road  
Napa, CA 94558  
**707/253-6807**  
**Fax: 707/253-6989**  
*Area Served: Napa County*

**Newport-Mesa Unified SELPA**

2985A Bear Street  
Costa Mesa, CA 92626  
**714/424-5060**  
**Fax: 714/424-5071**  
*Area Served: Costa Mesa and Newport*

**North Orange County SELPA**

1021 West Bastanchury Road  
#161  
Fullerton, CA 92833  
**714/870-4850**  
**Fax: 714/870-9643**  
*Area Served: Buena Park, Fullerton, and La Habra*

**North Region SELPA**

Alameda Unified School District  
2200 Central Avenue, Suite 203E  
Alameda, CA 94501  
**510/337-7190**  
**Fax: 510/865-8366**  
*Area Served: Alameda, Albany, Berkeley, Emeryville, and Piedmont*

**North Santa Cruz County SELPA**

809 H Bay Avenue  
Capitola, CA 95010  
**831/464-5677**  
**Fax: 831/464-5678**  
*Area Served: Live Oak, San Lorenzo Valley, Santa Cruz, Scotts Valley, and Soquel*

**Northeast Orange County SELPA**

1301 East Orangethorpe Avenue  
Placentia, CA 92870  
**714/996-2550**  
**Fax: 714/577-8104**  
*Area Served: Anaheim, Brea, Fullerton, Placentia, and Yorba Linda*

## SPECIAL EDUCATION LOCAL PLAN AREAS

**Norwalk-La Mirada/ABC SELPA**

12820 South Pioneer Boulevard  
Norwalk, CA 90650-2894

**562/868-0431**

**Fax: 562/929-8722**

*Area Served: Artesia, Bellflower, Cerritos, Hawaiian Gardens, La Mirada, Lakewood, and Norwalk*

**Oakland Unified SELPA**

1025 Second Avenue, P-16  
Oakland, CA 94606

**510/879-8220**

**Fax: 510/879-8529**

*Area Served: Oakland*

**Orange Unified SELPA**

2345 East Palmyra Avenue  
P.O. Box 11022  
Orange, CA 92867

**714/628-4153**

**Fax: 714/628-4066**

*Area Served: Orange*

**Pajaro Valley Unified SELPA**

294 Green Valley Road  
Watsonville, CA 95076

**831/786-2130**

**Fax: 831/728-8107**

**www.pvusd.net**

*Area Served: Aptos, Corralitos, Freedom, La Selva Beach, Las Lomas, Pajaro, and Watsonville*

**Pasadena Unified SELPA**

351 South Hudson Avenue  
Pasadena, CA 91109

**626/568-4531**

**Fax: 626/405-9946**

*Area Served: Altadena, Pasadena, and Sierra Madre*

**Placer-Nevada SELPA**

360 Nevada Street  
Auburn, CA 95603

**530/889-5902**

**Fax: 530/889-5915**

**www.placercoe.k12.ca.us**

*Area Served: Placer and Nevada Counties*

**Plumas Unified SELPA**

50 Church Street  
Quincy, CA 95971-6009

**530/283-6500 x227**

**800/974-1925**

**Fax: 530/283-6509**

*Area Served: Plumas County*

**Poway Unified SELPA**

13626 Twin Peaks Road  
Poway, CA 92064-3034

**858/748-0010 x2370**

**Fax: 858/748-1791**

**www.powayusd.sdcoe.k12.ca.us**

*Area Served: Poway, Rancho Bernardo, Rancho Penasquitos, and Sabre Springs*

**Puente Hills Service Area SELPA**

Paramount Annex  
16240 Paramount Boulevard  
Suite E  
Paramount, CA 90723

**562/531-2566**

**Fax: 562/531-2880**

*Area Served: Hacienda Heights, La Puente, and Rowland Heights*

**Riverside County SELPA**

3939 13th Street  
P.O. Box 868  
Riverside, CA 92502-0868

**909/826-6687**

**Fax: 909/826-6943**

**www.rcoe.k12.ca.us**

*Area Served: Banning, Beaumont, Coachella, Desert Sands, Hemet, Lake Elsinore, Palm Springs, Perris, and Temecula*

**Riverside Unified SELPA**

3380 14th Street  
P.O. Box 2800  
Riverside, CA 92501

**909/788-7142**

**Fax: 909/276-7634**

*Area Served: Riverside*

**Sacramento City Unified SELPA**

520 Capitol Mall  
Sacramento, CA 95814

**916/264-3300**

**Fax: 916/264-3340**

*Area Served: Sacramento*

**Sacramento County SELPA**

9738 Lincoln Village Drive  
Sacramento, CA 95827

**916/228-2446**

**Fax: 916/228-2445**

*Area Served: Sacramento County*

**San Benito County SELPA**

460 Fifth Street  
Hollister, CA 95023

**831/637-5393 x112**

**Fax: 831/637-0140**

*Area Served: San Benito County*

**San Bernardino City Unified SELPA**

Harmon School  
4865 State Street  
San Bernardino, CA 92407

**909/880-6616**

**Fax: 909/880-4236**

*Area Served: San Bernardino City*

**San Diego City Unified SELPA**

4680 Hidalgo Avenue  
San Diego, CA 92117

**858/272-9641**

**Fax: 858/581-9269**

*Area Served: San Diego County*

**San Diego East County SELPA**

924 East Main Street  
El Cajon, CA 92021

**619/590-3920**

**Fax: 619/588-2495**

*Area Served: East San Diego County*

**San Diego North Coastal Consortium SELPA**

570 Rancheros Drive, #200  
San Marcos, CA 92069

**760/471-8208**

**Fax: 760/471-2008**

*Area Served: Bonsall, Cardiff, Carlsbad, Del Mar, Encinitas, Fallbrook Elementary and High School, Oceanside, Rancho Santa Fe, San Dieguito, San Marcos, Solana Beach, Vallecitos, and Vista*

**San Diego North Inland SELPA**

398 D Street  
P.O. Box 2709  
Ramona, CA 92065

**760/788-4671**

**Fax: 760/788-4681**

**www.sdcoe.k12.ca.us**

*Area Served: Borrego Springs, Escondido, Julian, Pauma, Ramona, San Pasquel, Spencer Valley, Valley Center, Warner Springs*

**San Diego South County SELPA**

82 East J Street  
Chula Vista, CA 91910

**619/498-8171**

**Fax: 619/498-8175**

*Area Served: Chula Vista, Coronado, National City, San Ysidro, South Bay, and Sweetwater*

**San Francisco Unified SELPA**

2550 25th Avenue, Room 29  
San Francisco, CA 94116

**415/242-2670**

**Fax: 415/759-2908**

*Area Served: San Francisco County*

**San Joaquin County SELPA**

2707 Transworld Drive  
P.O. Box 213030  
Stockton, CA 95213-9030

**209/468-4925**

**Fax: 209/468-4979**

**www.sjcoe.net**

*Area Served: Banta, Escalon, Holt, Jefferson, Lammersville, Lincoln, Linden, Manteca, New Jerusalem, Ripon, and Tracy*

**San Juan Unified SELPA**

3738 Walnut Avenue  
P.O. Box 477  
Carmichael, CA 95609-0477

**916/971-7953**

**Fax: 916/971-7682**

*Area Served: Carmichael, Citrus Heights, Fair Oaks, Gold River, Orangevale, and Sacramento*

**San Luis Obispo County SELPA**

Education Drive at Highway 1  
P.O. Box 8105  
San Luis Obispo, CA 93403-8105

**805/782-7300**

**805/781-8572 (TDD)**

**Fax: 805/546-0646**

**www.slocs.k12.ca.us**

*Area Served: San Luis Obispo County*

**San Mateo County SELPA**

101 Twin Dolphin Drive  
Redwood City, CA 94065-1064

**650/802-5464**

**Fax: 650/802-5474**

*Area Served: San Mateo County*

**Santa Ana Unified SELPA**

1601 East Chestnut Avenue  
Santa Ana, CA 92701-6322

**714/558-5861**

**Fax: 714/480-5311**

*Area Served: Santa Ana*

**Santa Barbara County SELPA**

401 North Fairview Avenue  
Goleta, CA 93117

**805/683-1424**

**Fax: 805/967-1960**

*Area Served: Santa Barbara County*

**Santa Clara County SELPA Areas I-IV and VII**

1290 Ridder Park Drive, MC-277  
San Jose, CA 95131-2398

**408/453-6566**

**Fax: 408/453-4337**

*Area Served: Alum Rock, Berryessa, Cambrian, Campbell, Cupertino, East Side, Evergreen, Franklin-McKinley, Fremont, Gilroy, Lakeside, Loma Prieta, Los Altos, Los Gatos, Luther Burbank, Milpitas, Montebello, Moreland, Morgan Hill, Mountain View, Mt. Pleasant, Oak Grove, Orchard, Palo Alto, San Jose, Santa Clara, Saratoga, Sunnyvale, Union, and Whisman*

**Santa Clarita Service Area SELPA**

25050 Peachland Avenue, #107  
Santa Clarita, CA 91321-5759

**661/255-6928**

**Fax: 661/255-8598**

*Area Served: Castaic, Newhall, Santa Clarita Valley, Saugus, and Sulphur Springs*

**Shasta County SELPA**

1644 Magnolia Avenue  
Redding, CA 96001-1599

**530/225-0100**

**Fax: 530/225-0105**

*Area Served: Shasta County*

**Sierra County SELPA**

604 B Main Street  
P.O. Box 959

Loyalton, CA 96118

**530/993-4991**

**Fax: 530/993-4619**

*Area Served: Sierra County*

**Siskiyou County SELPA**

609 South Gold Street  
Yreka, CA 96097

**530/842-8441**

**Fax: 530/842-8436**

*Area Served: Siskiyou County*

**Solano County SELPA**

5100 Business Center Drive  
Fairfield, CA 94585

**707/399-4461**

**Fax: 707/863-4176**

**www.solanocoe.k12.ca.us**

*Area Served: Benicia, Dixon, Fairfield, Travis, and Vacaville*

**Sonoma County SELPA**

5340 Skylane Boulevard  
Santa Rosa, CA 95403-1083

**707/524-2750**

**Fax: 707/524-2754**

*Area Served: Sonoma County*

**South Orange County SELPA**

550 Bluemont Street  
Laguna Beach, CA 92651

**949/376-2144**

**Fax: 949/376-8854**

*Area Served: Capistrano, Laguna Beach, Laguna Hills, Lake Forest, Mission Viejo, and Saddleback Valley*

**Southwest SELPA**

15901 Hawthorne Boulevard, #400  
Lawndale, CA 90260

**310/921-2901**

**Fax: 310/921-3242**

*Area Served: Centinela, El Segundo, Hawthorne, Hermosa Beach, Inglewood, Lawndale, Lennox, Manhattan Beach, Palos Verdes, Redondo Beach, Torrance, and Wiseburn*

**Stanislaus County SELPA**

1100 H, #841  
Modesto, CA 95354

**209/541-2944**

**Fax: 209/541-2947**

*Area Served: Stanislaus County*

**Stockton City Unified SELPA**

Walton Special Center  
4131 North Crown  
Stockton, CA 95207

**209/953-3035**

**Fax: 209/953-3047**

**www.stockton.k12.ca.us**

*Area Served: Stockton*

**Sutter County SELPA**

463 Second Street  
Yuba City, CA 95991

**530/822-5158**

**Fax: 530/755-2462**

*Area Served: Sutter and Yuba Counties*

**Tahoe-Alpine County SELPA**

1021 Al Tahoe Boulevard  
South Lake Tahoe, CA 96150

**530/541-2850**

**Fax: 530/541-5930**

*Area Served: Alpine and El Dorado Counties*

## SPECIAL EDUCATION LOCAL PLAN AREAS

**Tehama County SELPA**

1135 Lincoln Street  
P.O. Box 689  
Red Bluff, CA 96080-3198

**530/527-5811**

**Fax: 530/529-4134**

*Area Served: Tehama County*

**Tri-City SELPA**

255 South Lasky Drive  
Beverly Hills, CA 90212-3697

**310/551-5100 x2226**

**Fax: 310/277-6390**

**www.beverlyhills.k12.ca.us**

*Area Served: Beverly Hills, Culver City, and Santa Monica*

**Tri-County SELPA**

175 South Fairview Lane  
Sonora, CA 95370-4859

**209/536-2008**

**Fax: 209/536-2002**

*Area Served: Amador, Calaveras, and Tuolumne Counties*

**Tri-Valley SELPA**

4665 Bernal Avenue  
Pleasanton, CA 94566

**925/426-4293**

**Fax: 925/426-7146**

*Area Served: Dublin, Livermore, and Pleasanton*

**Trinity County SELPA**

201 Memorial Drive  
P.O. Box 1256  
Weaverville, CA 96093

**530/623-2861 x239**

**Fax: 530/623-4489**

**www.tcoe.trinity.k12.ca.us**

*Area Served: Trinity County*

**Tulare County SELPA**

2637 West Burrell Avenue  
P.O. Box 5091  
Visalia, CA 93278-5091

**559/733-6317**

**Fax: 559/730-2511**

**www.tcoe.org**

*Area Served: Tulare County*

**Tustin Unified SELPA**

300 South C Street  
Tustin, CA 92780

**714/730-7301 x332**

**Fax: 714/832-9087**

*Area Served: Tustin*

• **Vallejo City Unified School District SELPA**

• Everest School  
• 425 Corcoran Avenue  
• Vallejo, CA 94589

• **707/556-8440**

• **Fax: 707/556-8871**

• *Area Served: Vallejo*

• **Ventura County SELPA**

• 5189 Verdugo Way  
• Camarillo, CA 93012

• **805/383-1919**

• **Fax: 805/383-1915**

• **www.vcss.k12.ca.us**

• *Area Served: Ventura and North-west Los Angeles Counties*

• **West Contra Costa Unified SELPA**

• 2465 Dolan Way  
• San Pablo, CA 94806

• **510/741-2801**

• **Fax: 510/724-8829**

• *Area Served: El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Richmond, and San Pablo*

• **West End SELPA**

• 8265 Aspen Avenue, #200  
• Rancho Cucamonga, CA 91730

• **909/481-4547**

• **Fax: 909/987-2279**

• *Area Served: Alta Loma, Central, Chaffey, Chino, Cucamonga, Etiwanda, Mountain View, Mt. Baldy, Ontario-Montclair, and Upland*

• **West Orange County Consortium for Special Education**

• 10251 Yorktown Avenue  
• Huntington Beach, CA 92646

• **714/964-3339 x4293**

• **Fax: 714/963-0275**

• *Area Served: Fountain Valley, Huntington Beach, and Westminster*

• **West San Gabriel Valley SELPA**

• 159 East Live Oak Avenue  
• Room 208

• Arcadia, CA 91006

• **626/254-9406**

• **Fax: 626/254-9411**

• *Area Served: Alhambra, Arcadia, Duarte, El Monte, Garvey, Monrovia, Rosemead, San Gabriel, San Marino, South Pasadena, Temple City, and Valle Lindo*

• **Whittier Area Cooperative SELPA**

• 8036 South Ocean View Avenue  
• Whittier, CA 90602

• **562/945-6431**

• **Fax: 562/945-5855**

• *Area Served: Los Nietos, Norwalk, Pico Rivera, Santa Fe Springs, and Whittier*

• **Yolo County SELPA**

• 1240 Harter Avenue  
• Woodland, CA 95776

• **530/668-3787**

• **Fax: 530/668-3850**

• *Area Served: Yolo County*

• **Yuba County SELPA**

• 938 14th Street  
• Marysville, CA 95901-4198

• **530/741-6231 x116**

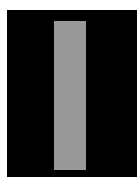
• **Fax: 530/741-6500**

• **www.yuba.net**

• *Area Served: Yuba County*

# California Department of Developmental Services

## Regional Centers



Infants and toddlers, from birth up to 36 months, at risk of or with developmental delays or disabilities may be eligible to receive services through California's 21 community-based regional centers. The Department of Developmental Services contracts with nonprofit corporations that operate regional centers.

Regional centers are the single point of entry into the service system that serves people with developmental disabilities across all ages. Regional centers provide intake, evaluation, and assessment to determine eligibility and service needs. They also provide service coordination, advocacy, information, referral, and an array of other services to eligible infants and toddlers and their families.

Early intervention services are provided, purchased, or arranged by regional centers based on the unique needs of the child and family. Early intervention services that are not available through other publicly-funded agencies are generally purchased from community service providers who are "vendored" by the regional center. In some communities, regional centers contract with local education agencies (LEAs) to provide special instruction and other related early intervention services through their early childhood special education programs to children served by regional centers.

Regional centers coordinate with LEAs and other local agencies and organizations in evaluation, assessment, development of individualized family service plans, and service provision. For children who are dually served by a regional center and an LEA, basic special education and related services are usually provided by the LEA. Either LEAs or regional centers may be designated to provide service coordination. The regional center may also provide additional early intervention services or other available State services based on the needs of the child and family.

### **Alta California Regional Center**

2135 Butano Drive  
Sacramento, CA 95825

**916/978-6249**

**Fax: 916/489-4803**

**www.altaregional.org**

*Area Served: Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba Counties*

### **Central Valley Regional Center**

5168 North Blythe Avenue  
Fresno, CA 93722

**559/276-4300**

**Fax: 559/276-4360**

**www.cvrcc.org**

*Area Served: Fresno and Madera Counties*

1945 East Nobel Avenue  
Visalia, CA 93292-1516

**559/738-2225 (A-M)**

**559/738-2247 (N-Z)**

**Fax: 559/738-5646**

*Area Served: Kings and Tulare Counties*

• 676 Loughborough Drive  
• Merced, CA 95348-2601  
• **209/723-4245**  
• **Fax: 209/723-2442**  
• *Area Served: Mariposa and Merced Counties*

### • **Eastern Los Angeles Regional Center**

• 1000 South Fremont  
• Alhambra, CA 91802-7916  
• **626/299-4779**  
• **Fax: 626/299-4798**  
• **www.elarc.org**  
• *Area Served: Alhambra, Boyle Heights, City Terrace, Commerce, East Los Angeles, El Sereno, Highland Park, La Habra Heights, La Mirada, Lincoln Heights, Montebello, Monterey Park, Mt. Washington, Pico Rivera, Rosemead, San Gabriel, San Marino, Santa Fe Springs, South Pasadena, Temple City, and Whittier*

### • **Far Northern Regional Center**

• 1900 Churn Creek Road, Suite 319  
• P.O. Box 492418  
• Redding, CA 96049  
• **530/222-4791**  
• **Fax: 530/222-8908**  
• **www.farnorthernrc.org**

• *Area Served: Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, and Trinity Counties*

### • **Frank D. Lanterman Regional Center**

• 3303 Wilshire Boulevard, Suite 700  
• Los Angeles, CA 90010  
• **213/383-1300**  
• **Fax: 213/383-6526**  
• **www.lanterman.org**  
• *Area Served: Burbank, Central Los Angeles, Eagle Rock, Glendale, Hollywood-Wilshire, La Cañada-Flintridge, La Crescenta, and Pasadena*



**Golden Gate Regional Center**

5725 Paradise Drive  
Building A, Suite 100  
Corte Madera, CA 94925

**415/945-1600**

**Fax: 415/945-1630**

**www.ggrc.com**

*Area Served: Marin County*

120 Howard Street, 3rd Floor  
San Francisco, CA 94105

**415/546-9222**

**Fax: 415/546-9203**

*Area Served: San Francisco County*

3130 La Selva Street, Suite 202  
San Mateo, CA 94403

**650/574-9232**

**Fax: 650/345-2361**

*Area Served: San Mateo County*

**Harbor Regional Center  
Resource Center**

21231 Hawthorne Boulevard  
P.O. Box 2930  
Torrance, CA 90503-2930

**310/543-0691**

**800/540-1711**

**Fax: 310/316-8843**

**www.harborrc.org**

*Area Served: Artesia, Bellflower, Carson, Catalina, Cerritos, Harbor City, Hawaiian Gardens, Hermosa Beach, Lakewood, Lomita, Long Beach, Manhattan Beach, Norwalk, Palos Verdes Peninsula, Rancho Palos Verdes, Redondo Beach, Rolling Hills Estates, San Pedro, Torrance, and Wilmington*

**Inland Regional Center**

674 Brier Drive  
P.O. Box 6127  
San Bernardino, CA 92412-6127

**909/890-4711**

**Fax: 909/890-3001**

**www.inlandrc.org &**

**www.irclibrary.com**

*Area Served: Riverside and San Bernardino Counties*

**Kern Regional Center**

3200 North Sillect Avenue  
Bakersfield, CA 93308  
P.O. Box 2536  
Bakersfield, CA 93303

**661/327-8531**

**800/479-9899**

**Fax: 661/324-5060**

**www.kernrc.org**

*Area Served: Inyo, Kern, and Mono Counties*

**North Bay Regional Center**

10 Executive Court  
P.O. Box 3360  
Napa, CA 94558

**707/256-1100**

**800/646-3268**

**707/252-0213 (TDD)**

**Fax: 707/256-1112**

**www.nbrc.net**

*Area Served: Napa and Solano Counties*

2351 Mendocino Avenue  
Santa Rosa, CA 95403

**707/569-2022**

**800/6INFANT**

**Fax: 707/542-9727**

*Area Served: Sonoma County*

**North Los Angeles County  
Regional Center**

15400 Sherman Way, Suite 170  
Van Nuys, CA 91406-4211

**818/778-1900**

**Fax: 818/756-6140**

**www.nlacrc.org**

*Area Served: San Fernando, Santa Clarita, and Antelope Valleys*

**Redwood Coast Regional Center**

525 Second Street, Suite 300  
Eureka, CA 95501

**707/445-0893 x335**

**800/281-3832 (Ukiah)**

**888/584-9473 (Eureka)**

**Fax: 707/444-2563**

**www.redwoodcoastrc.org**

*Area Served: Del Norte and Humboldt Counties*

1116 Airport Park Boulevard  
Ukiah, CA 95482

**707/462-3832**

**Fax: 707/462-3314**

*Area Served: Lake and Mendocino Counties*

**Regional Center of Orange County**

801 Civic Center Drive West  
Suite 100  
Santa Ana, CA 92701

**714/796-5354**

**800/244-3177**

**714/667-6021 (TDD)**

**Fax: 714/541-1985**

**www.rcocdd.com**

*Area Served: Orange County*

**Regional Center of the East Bay**

7677 Oakport Street, Suite 300  
Oakland, CA 94621

**510/383-1339**

**Fax: 510/633-5020**

**www.rceb.org**

*Area Served: Alameda County*

2151 Salvio Street, Suite 365  
Concord, CA 94520

**925/798-3001**

**Fax: 925/674-8001**

*Area Served: Contra Costa County*

**San Andreas Regional Center**

344 Salinas Street, Suite 207  
Salinas, CA 93901

**831/759-7500**

**Fax: 831/424-3007**

**www.sarc.org**

*Area Served: Monterey County*

300 Orchard City Drive, Suite 170  
Campbell, CA 95008

P.O. Box 50002

San Jose, CA 95150-0002

**800/404-5900**

**Fax: 408/376-0586**

*Area Served: Santa Clara County*

1110 Main Street, Suite 8  
Watsonville, CA 95076

**831/728-1781**

**888/270-7272**

**Fax: 831/728-5514**

*Area Served: Santa Cruz County*

**San Diego Regional Center**

4355 Ruffin Road, Suite 110  
San Diego, CA 92123-1648

**858/496-4318**

**858/292-5821 (TDD)**

**Fax: 858/496-4302**

**www.sdroc.org**

*Area Served: Imperial and San Diego Counties*

## REGIONAL CENTERS

**San Gabriel/Pomona  
Regional Center**

761 Corporate Center Drive  
Pomona, CA 91768

**909/620-7722**

**Fax: 909/622-6543**

**www.sgprc.org**

*Area Served: Altadena, Arcadia,  
Azusa, Baldwin Park, Bassett,  
Bradbury, Charter Oak, Claremont,  
Covina, Diamond Bar, Duarte, El  
Monte, Glendora, Hacienda Heights,  
Industry, Irwindale, La Puente, La  
Verne, Monrovia, Pasadena,  
Pomona, Rowland Heights, San  
Dimas, Sierra Madre, Temple City,  
Valinda, Walnut, West Covina, and  
Whittier*

**South Central Los Angeles  
Regional Center**

650 West Adams Boulevard  
Los Angeles, CA 90007-2096

**213/763-7800**

**Fax: 213/744-8898**

**www.sclarc.org**

*Area Served: Bell, Carson,  
Compton, Cudahy, Dominguez Hills,  
Huntington Park, Lynwood,  
Maywood, Paramount, South Gate,  
and South and Southwest Los  
Angeles*

**Tri-Counties Regional Center**

520 East Montecito Street  
Santa Barbara, 93103

**805/962-7881**

**800/322-6994**

**Fax: 805/884-7229**

**www.tri-counties.org**

*Area Served: Santa Barbara County*

1288 West McCoy Lane  
Santa Maria, CA 93455

**805/922-4640**

**800/266-9071**

**Fax: 805/922-4350**

*Area Served: Santa Barbara County*

500 Esplanade Drive, Suite 500  
Oxnard, CA 93030

**805/485-3177**

**800/664-3177**

**Fax: 805/988-7157**

*Area Served: Ventura County*

1919 Williams Street, Suite 201  
Simi Valley, CA 93065

**805/522-8030**

**800/517-2524**

**Fax: 805/522-8142**

*Area Served: Ventura County*

3450 Broad Street, Suite 111  
San Luis Obispo, CA 93401-7102

**805/543-2833**

**800/456-4153**

**Fax: 805/543-8725**

*Area Served: San Luis Obispo  
County*

Hotel Park Business Center  
6005 Capistrano, Suite E

Atascadero, CA 93422-7219

**805/461-7402**

**800/771-6898**

**Fax: 805/461-9479**

*Area Served: San Luis Obispo  
County*

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**Valley Mountain Regional Center**

7109 Danny Drive  
P.O. Box 692290  
Stockton, CA 95269-2290

**209/473-0951**

**Fax: 209/478-3539**

**www.vmrcc.net**

*Area Served: San Joaquin County*

1620 Cummins Drive  
Modesto, CA 95358

**209/529-2626**

**Fax: 209/526-3169**

*Area Served: Stanislaus County*

52 North Main Street  
P.O. Box 1420

San Andreas, CA 95249

**209/754-1871**

**Fax: 209/754-3211**

*Area Served: Amador, Calaveras,  
and Tuolumne Counties*

Infant Referral Program  
1510 Florida Avenue, Suite H  
Modesto, CA 95350

**209/576-3673**

**Fax: 209/578-5690**

*Area Served: Stanislaus County*

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**Westside Regional Center**

5901 Green Valley Circle, Suite 320  
Culver City, 90230

**310/258-4096**

**Fax: 310/258-0571**

**www.westsiderc.org**

*Area Served: Bel Air, Beverly Hills,  
Calabasas, Culver City, El Segundo,  
Gardena, Hawthorne, Inglewood,  
Lawndale, Lennox, Malibu, Marina  
Del Ray, Mar Vista, Pacific Palisades,  
Playa Del Rey, Redondo Beach,  
Santa Monica, Topanga Canyon,  
West Los Angeles, and Westchester*

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